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FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90077 038 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P14037

1. Corporation Name

MAKO-COMPRESSORS, INC.

Principal Place of Business

1634 S.W. 17TH STREET  
OCALA FL 34474  
US

Mailing Address

P.O. DRAWER 1630  
OCALA FL 34478  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1987

4. FEI Number

59-2859181

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME TOAL, MICHAEL A  
STREET ADDRESS 3663 W. MASON  
CITY-ST-ZIP SIDNEY OH 45365

TITLE VPS ☐ DELETE

NAME SPOOL, JAMES  
STREET ADDRESS 1583 SEAWIND DRIVE  
CITY-ST-ZIP CHARLESTON SC 29407

TITLE VPT ☐ DELETE

NAME MILLER, GREGORY M  
STREET ADDRESS 33 COMMERCIAL STREET  
CITY-ST-ZIP FOXBORO MA 02035-2099

TITLE VPGM ☐ DELETE

NAME LEESON, ROBERT W  
STREET ADDRESS 2901 S.W. 41 STREET, APT. 2108  
CITY-ST-ZIP Ocala FL 34474

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME VARNER, JR., L.WILLIAM  
1.3 STREET ADDRESS 211 EAST RUSSELL RD.  
1.4 CITY-ST-ZIP SIDNEY, OH 45365

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE VP/GM ☒ Change ☐ Addition

4.2 NAME LEESON, ROBERT W.  
4.3 STREET ADDRESS 3008 S. E. 23RD AVENUE  
4.4 CITY-ST-ZIP Ocala, FL 34471

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Leeson

Date

Daytime Phone #

1/15/99 352-732-2268

CR2E034 (1/98)