

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000048958 (1)

1. Corporation Name

ATLANTIC PUMP & EQUIPMENT COMPANY OF WEST PALM BEACH, INC.



Principal Place of Business

**4389 WEST RD DR
WEST PALM BCH FL 33407
US**

Mailing Address

**3055 NW 84TH AVE
MIAMI FL 33122
US**

3. Date Incorporated or Qualified
07/06/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 **20 N ORANGE AVE**

Suite, Apt. #, etc.

27 **200**

City & State

28 **ORLANDO, FL**

Zip

29 **32801**

Country

30 **U.S.A.**

4. FEI Number
65-0420596

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WALLIS, JOHN P III
11812 SW 37TH TERR
MIAMI FL 33175**

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 the person signing this statement

(Print) Registered Agent Signature required on this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **WALLIS, JOHN P JR.**
STREET ADDRESS **11812 SW 37TH TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE
NAME **WALLIS, JUANITA P**
STREET ADDRESS **11812 SW 37TH TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **WALLIS, JOHN P III**
STREET ADDRESS **11812 SW 37TH TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **D** ☐ Change ☒ Addition
1.2 NAME **David H. Hughes**
1.3 STREET ADDRESS **20 N Orange Ave, Suite 200**
1.4 CITY-ST-ZIP **Orlando, FL 32801**

2.1 TITLE **D/V** ☐ Change ☒ Addition
2.2 NAME **A. Stewart Hall, Jr.**
2.3 STREET ADDRESS **20 N Orange Ave, Suite 200**
2.4 CITY-ST-ZIP **Orlando, FL 32801**

3.1 TITLE **P** ☒ Change ☐ Addition
3.2 NAME **Wallis, John P III**
3.3 STREET ADDRESS **3055 NW 84TH AVE**
3.4 CITY-ST-ZIP **Miami, FL 33122**

4.1 TITLE **D/S/T** ☐ Change ☒ Addition
4.2 NAME **J. Stephen Zepf**
4.3 STREET ADDRESS **20 N Orange Ave, Suite 200**
4.4 CITY-ST-ZIP **Orlando, FL 32801**

5.1 TITLE **AS/AT** ☐ Change ☒ Addition
5.2 NAME **Jay Clark**
5.3 STREET ADDRESS **20 N Orange Ave, Suite 200**
5.4 CITY-ST-ZIP **Orlando, FL 32801**

6.1 TITLE **AS** ☐ Change ☒ Addition
6.2 NAME **ROBERT N. BLACKFORD**
6.3 STREET ADDRESS **TWO SOUTH ORANGE AVE**
6.4 CITY-ST-ZIP **ORLANDO, FL 32801**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT N. BLACKFORD

4/29/96

(407) 841-4755

CR2E034 (12/95)