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 # **P93000057928 (2)**

1. Corporation Name

FILTER RECALL, INC.

Principal Place of Business	Mailing Address
1220 30TH STREET SANFORD FL 32773 US	140 FT. FLORIDA ROAD DEBARY FL 32711 US

3. Date Incorporated or Qualified: **08/17/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21: Same
2a. Mailing Address — 26: Same
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-3200312** ☐ 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

MACCONNELL, JOHN C
140 FORT FLORIDA ROAD
DEBARY FL 32711

10. Name and Address of New Registered Agent

81 Name: N.A.
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: John C. MacConnell JOHN C. MACCONNELL 2-1-96
(NOTE: Registered Agent's signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D & V.P.	☐ Change ☑ Addition
NAME	MACCONNEL, JOHN C		1.2 NAME	Robert Spencer	
STREET ADDRESS	140 FORT FLORIDA ROAD		1.3 STREET ADDRESS	230 E. Ohio Ave	
CITY-ST-ZIP	DEBARY FL		1.4 CITY-ST-ZIP	Lake Helen, Fla.	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LAISY, LARRY CL		2.2 NAME		
STREET ADDRESS	2533 W. HIGHLAND PARK ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MICKELSON, JOHN M.		3.2 NAME		
STREET ADDRESS	506 BIRCH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LAISY, MARY ANN		4.2 NAME		
STREET ADDRESS	2533 W. HIGHLAND PARK ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 attachment with an address.

SIGNATURE: John C. MacConnell JOHN C. MACCONNELL 2-1-96 904-822-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #