

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Curtis B. Minton
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 25 AM 11:07

DOCUMENT # P94000008700 (4)

1. Corporation Name

ELECTROMED FILTER MANUFACTURING COMPANY

Principal Place of Business

Mailing Address

744 LANDOVER CIRC
NAPLES FL 33999

744 LANDOVER CIRC
NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/26/1994

2. Principal Place of Business

2a. Mailing Address

21 3209 VAN BUREN AVE
Suite, Apt. #, etc

26 3209 VAN BUREN AVE
Suite, Apt. #, etc

4. FEI Number

Applied For

Not Applicable

22 NAPLES, FL
City & State

27 NAPLES FLORIDA
City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 33962 COLLIER
Zip Country

28 33962 COLLIER
Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 25 29 33962 30 COLLIER

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASS, RAYMOND L JR
2335 TAMiami TRAIL
SUITE 409
NAPLES FL 33940

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 this if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MART, KENNETH D
STREET ADDRESS 744 LANDOVER CIRC
CITY ST ZIP NAPLES FL 33999

11 TITLE (DIRECTOR) D, M ☒ Change ☐ Addition
12 NAME MART, KENNETH D.
13 STREET ADDRESS 3209 VAN BUREN AVE.
14 CITY ST ZIP NAPLES, FL. 33962

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

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)(b), 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:

[Signature]

KD. MART DIRECTOR

1/30/95

Date

(813) 793-0090

(System Use Only)