

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 02, 1999 8:00 am
Secretary of State

09-02-1999 90007 006 ***550.00

DOCUMENT # **P94000028248**

1. Corporation Name
FLORIDA INDUSTRIAL FAN, INC.



Principal Place of Business
**407 W. KEENE ROAD
APOPKA FL 32703**

Mailing Address
**407 W. KEENE ROAD
APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1994

2. Principal Place of Business

21 **407 W. KEENE RD.**

Suite, Apt. #, etc.

22

City & State

23 **APOPKA, FL.**

Zip

24 **32703**

Country

25 **USA**

2a. Mailing Address

26 **407 W. KEENE RD.**

Suite, Apt. #, etc.

27

City & State

28 **APOPKA, FL.**

Zip

29 **32704**

Country

30 **USA**

4. FEI Number

59-3244471

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.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ANDERSON, WAYNE I

~~1211 KELSO BLVD~~
~~WINDERMERE FL 34786~~

**1066 SHIMMERING
SAND DR.
OCFEE, FL.
34761**

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

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 **D** ☐ DELETE

NAME **ANDERSON, WAYNE I**

STREET ADDRESS ~~1211 KELSO BLVD~~ **1066 SHIMMERING SAND DR.**

CITY-ST-ZIP ~~WINDERMERE FL 34786~~ **OCFEE, FL 34761**

TITLE **D** ☐ DELETE

NAME **ANDERSON, LINDA V**

STREET ADDRESS ~~1211 KELSO BLVD~~ **1066 SHIMMERING SAND DR.**

CITY-ST-ZIP ~~WINDERMERE FL 34786~~ **OCFEE, FL 34761**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

I, 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.

SIGNATURE: **Wayne I. Anderson** **8/31/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 886-5865

CR2E034 (5/99)

0010797

FLORIDA INDUSTRIAL FANS, INC.

407 W. Keene Road
P.O. Box 1151
Apopka, Florida 32704
(407) 886-5865

PA4000028248
1012143-90007-6

8/31/99

Mrs. Kathleen Harris
DIVISION OF CORPORATIONS
ANNUAL REPORTS FILING
P.O. BOX 1500
TALLAHASSEE, FL.
32302-1500

Dear Mrs. Harris;

Enclosed is my company check for \$550.⁰⁰.
I object to the exorbitant penalty but am further
upset by the arrogant manner ~~in~~ by which it
is extorted.

1. The original invoice I did not get because
it was sent to the street address and my
mailing address is and always has been
P.O. BOX 1151 Apopka, FL. 32704.
2. There should be a second notice prior
to the filing deadline to allow businesses
such as mine that don't have people
sitting around ~~and~~ an office a second
chance to get it in before the curtain
falls.