## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

**1998** 

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Sep 24 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000025199 (7)

VACUUM SPECIALTIES, INC.

5015 S FLORIDA AVE. SUITE 310 LAKELAND FL 33813 US			PO BOX 5955 LAKELAND FL 33807-5955				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  03/20/1995					
2. Principal P	Place of Business	2a. Mailing A	2a. Mailing Address				4. FEI Number			Ap	plied For	
21		26					59:3374461				t Applicable	
Suite, Apt.		27	4-1			5. Certificate of Status Desir	ed		\$8.75 Additional Fee Required			
City & Stat	ė	City & Sta	City & State			<ol> <li>Election Campaign Finan Trust Fund Contribution</li> </ol>			\$5.00 May Be Added to Fees			
Zip	Country	Zip				8. This corporation owes or has paid the current year Intangible						
24	25	29	34	30			Personal Property Tax due June 30. Yes No					
	g. Name and Address of Curr						10. Name and Address of N	lew Regis	stered Agent			
MURPHY, RONALD T					Τ	Name						
	15 \$ FLORIDA AVE.		82 Street Ad			dress (P.O. Box Number is Not Ac	oonlablo	<del>,</del>				
	IE 310		<b>62</b> Street /		Street Aut	diess (F.O. Box Number is Not Ad	ceptable	,				
	KELAND FL 33813			83	1				1.70			
"	112 112 1 2 3 3 3 1 3 3 3 3 3 3 3 3 3 3			64	-	Oi			- IAPT	7:- (	~	
				84	"	City			FL  85	Zip C	>ode	
office or r	to the provisions of Sections 607.0 egistered agont, or both, in the Sta im familiar with, and accept the ob	ite of Florida. Such cl	hange was aut	horized b	v t							
GIGHTIBILE	Signature, typed or printed name of registered		(NOTE: R	Registered Ag	ent	signature requ	uired when reinstating)		DATE			
12.	r - <del></del>	ND DIRECTORS	1 - 2 - 2 - 2	13.	_		ADDITIONS/CHANGES TO	OFFICE		· <del>· · · · · · · · · · · · · · · · · · </del>		
TITLE	D	L	DELETE	1.1 TITLE		Ì			∟ Cha	nge	Addition	
NAME	COYLE, THOMAS			1.2 NAME								
STREET ADDRESS	5015 S FLORIDA AVE SUIT	TE 310		1.3 STREET	TAC	DDRESS						
CITY-ST-ZIP	<u>L</u> akeland FL	· · · · · · · · · · · · · · · · · · ·	05.555	1.4 CiTY - 9	SI-	ZIP					1 1 1000	
TITLE		<u></u>	DELETE	2.1 TITLE					L Cha	nge	Addition	
NAME				2.2 NAME								
STREET ADDRESS				2.3 STREET		,						
CITY-ST-ZIP			. מינידר	2. 4 CITY-	ST-	ZIP					Addition	
TITLE		<b>L</b> .	DELETE	3.1 TITLE					☐ Cha	nge	Addition	
NAME				3.2 NAME		abbtoo						
STREET ADDRESS				3.3 STREET		·						
CITY-ST-ZIP		··· · · · · · · · · · · · · · · · · ·	DELETE	3.4. CITY - 4.1 TITLE	51-	ZIP	·····	<del></del>	Cha	nge	Addition	
NAME			) DECENE	4.1 HILE 4. 2 NAME					L., Olla	igo	L AQUILION	
STREET ADDRESS				4.3 STREET		DOUTEE						
CITY-ST-ZIP TITLE		·	DELETE	4.4 CITY - 5 5.1 TITLE	51-	ZIP		<del></del>	Cha	nge	Addition	
NAME		_		5.2 NAME								
STREET ADDRESS				5.3 STREET		nne¢ss						
CHY-ST-ZIP				5.4 CITY - S								
TITLE			DELETÉ	6.1 TITLE					Cha	nge	Addition	
NAME				6.2 NAME					<del></del>	•		
STREET ADDRESS				6.3 STREET		OORESS						
CITY-ST-ZIP				6.4 CITY - S		- 1						
14. I hereby o	certify that the information supplied	with this filing does r	not qualify for t	he exemp	otio	on stated in	n Section 119.07(3)(i), Florida Stal	utes. I fur	rther <b>cer</b> tify tha	I the	information	
indicated officer or Block 12	certify that the information supplied on this annual report or supplyment director of the corporation of the re or Block 13 if changed, or on an al	ntal annual report is t eceiver or trustee em tachment with an add	rue and accura dowered to exe dress	ate and the scute this	re re	my signati port as rec	ure shall have the same legal effe quired by Chapter 607, Florida Sta	ct as if matures; an	ade under oath d that my name	n; thai e app	t I am an sears in	