-- PREPARTMENTER PROPERTY TEE AFTER MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000045912

REPLACEMENT CARTRIDGE FILTERS CORPORATION

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90057 045 ***150.00



Mailing Address Was 57TH STREET EAST BRADENTON FL 34208 2. Principal Place of Business 3. Date Incorporated or Qualified 05/530/199 8. Poly Applicable 8. Filt Plumber 6. Election Campeign Financing Five Required Five Require	Maling Address Walls 57th STREET EAST BRADENTON FL 34208 Author Apt. #, etc. Ze Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For											
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9. Name and Address of Current Registered Agent RUSCHER, ARTHUR M 4015 57TH STREET EAST BRADENTON FL 34208 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, and familiar with, and accept the obligations of, Sections 07.0505, 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 directors. I hereby accept the appointment as registered office or registered agent and tiller if applicable. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY ST. ZIP 15. TO DELETE 1.1 TITLE 16. Change Addition 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. TO DELETE 1.1 TITLE 10. Change Addition 10. Change Addition 11. Name 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. STREET ADDRESS 14. CITY ST. ZIP 14. CITY ST. ZIP 15. CHANGES 16. CHANGES 17. ST. ZIP 18. CHANGES 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS IN 12. 13. STREET ADDRESS 14. CITY ST. ZIP 14. CITY ST. ZIP 15. CITY ST. ZIP 16. CHANGES 17. ST. ZIP 18. CITY ST. ZIP 19. CHANGES 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. ADDITIONS/CHANGES TO OFFIC	9. Name and Address of Current Registered Agent RUSCHER, ARTHUR M 4015 57TH STREET EAST BRADENTON FL 34208 82 Sireet Address (P.O. Box Number is Not Acceptable) 83 Mame 84 City FL 85 Zip Code 65 Address (P.O. Box Number is Not Acceptable) 85 Sireet Address (P.O. Box Number is Not Acceptable) 86 City FL 85 Zip Code 66 City FL 85 Zip Code 67 Code City FL 85 Zip Code 68 City FL 85 Zip Code 69 City FL 85 Zip Code 60 City FL 85 Zip Code 61 City FL 85 Zip Code 61 City FL 85 Zip Code 61 City FL 85 Zip Code 62 City FL 85 Zip Code 63 City FL 85 Zip Code 64 City FL 85 Zip Code 65 City FL 85 Zip Code 66 City FL 85 Zip Code 67 City FL 85 Zip Code 68 City FL 85 Zip Code 69 City FL 85 Zip Code 60 City FL 85		Country	Zip	Country			1 · · · · · · · · · · · · · · · · · · ·				
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14. 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, with all other like impowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

MLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

☐ DELETE

DELETE

Addition

Addition

Change

☐ Change