

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90235 035 \*\*\*150.00

DOCUMENT # P98000020680

1. Corporation Name

ADVANCED FLOW TECHNOLOGIES, INC.



Principal Place of Business

1755 WEST OLIVE STREET  
LAKELAND FL 33815

Mailing Address

1755 WEST OLIVE STREET  
LAKELAND FL 33815

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1998

Applied For  
Not Applicable

4. FEI Number

59-3500172

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

JARRELL, ALBERT M  
1755 WEST OLIVE STREET  
LAKELAND FL 33815

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME JARRELL, ALBERT M  
STREET ADDRESS 1755 WEST OLIVE STREET  
CITY-ST-ZIP LAKELAND FL 33815

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PRESIDENT

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME DOUGLAS M. GRANT  
2.3 STREET ADDRESS 4700 SUPERIOR STREET  
2.4 CITY-ST-ZIP LINCOLN, NE 68501

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME TREASURER  
3.3 STREET ADDRESS PHILLIP WITTING  
3.4 CITY-ST-ZIP 4700 SUPERIOR STREET  
LINCOLN, NE 68501

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME SECRETARY  
4.3 STREET ADDRESS STEVE GEHRING  
4.4 CITY-ST-ZIP 1125 SOUTH 103RD, SUITE 720  
OMAHA, NE 68124

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME ASST. SECRETARY  
5.3 STREET ADDRESS TERRY BORGLUND  
5.4 CITY-ST-ZIP 1755 WEST OLIVE STREET  
LAKELAND, FL 33815

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 11 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0-25-99

941-682-4500

CR2E034 (11/98)

0434728