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Apr 28, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000065758

1. Corporation Name

ACTUATION AND VALVE TECHNOLOGIES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1998

4. FEI Number

59-3558748

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 3029 E THOMAS ST

Suite, Apt. #, etc.

22 City & State

23 INVERNESS FL

24 Zip Country

34453-3222 25

2a. Mailing Address

26 3029 E THOMAS ST

Suite, Apt. #, etc.

27 City & State

28 INVERNESS FL

29 Zip Country

34453-3222 30

9. Name and Address of Current Registered Agent

NELSON, JOHN A
2218 HWY. 44 W.
INVERNESS FL 34453

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 D ☐ DELETE

NAME WHEELER, BRIAN J
STREET ADDRESS 9416 E. SOUTHGATE DR.
CITY-ST-ZIP INVERNESS FL 34450

TITLE D ☐ DELETE

NAME WHEELER, JOHN
STREET ADDRESS 9416 E. SOUTHGATE DR.
CITY-ST-ZIP INVERNESS FL 34450

TITLE D ☐ DELETE

NAME WHEELER, DEAN J
STREET ADDRESS 11411 NW 39TH ST.
CITY-ST-ZIP SUNRISE FL 33323

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2930 S EAGLE TER
INVERNESS FL 34450

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

320 TULIP LN
INVERNESS FL 34452

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

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 empowered

SIGNATURE:

Brian J. Wheeler

Brian J. Wheeler 4-26-99 (352) 637-9280

Date

Daytime Phone #

CR2E034 (11/98)