

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  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90064 025 \*\*\*150.00

DOCUMENT # P98000090245

1. Corporation Name

FLOW-TECH EXHAUST & FABRICATION INC.



Principal Place of Business

2099 42ND ST NW C-18  
WINTER HAVEN FL 33881

Mailing Address

2099 42ND ST NW C-18  
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1998

4. FEI Number

59-3536124

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

2a. Mailing Address

21 2099 42ND ST NW C-18

26 2099 42ND ST NW

Suite, Apt. #, etc.

C-18

Suite, Apt. #, etc.

C-18

City & State

23 WINTER HAVEN FL

City & State

28 WINTER HAVEN FL

Zip

Country

24 33881

Zip

Country

29 33881

30

9. Name and Address of Current Registered Agent

POWELL, KEITH K  
2099 42ND ST NW C-18  
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name

KEITH K. POWELL

82 Street Address (P.O. Box Number is Not Acceptable)

2099 42ND ST NW C-18

83

84 City

WINTER HAVEN

FL

85 Zip Code

33881

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

*Keith K. Powell*

KEITH K. POWELL

2-15-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME POWELL, KEITH K  
STREET ADDRESS P.O. BOX 1877  
CITY-ST-ZIP WINTER HAVEN FL 33882

TITLE D ☐ DELETE  
NAME WOODS, WILLIAM R  
STREET ADDRESS 913 KEITH LN  
CITY-ST-ZIP AUBURNDALE FL 33823

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 S/T/D ☐ Change ☒ Addition  
1.2 NAME KEITH K. POWELL  
1.3 STREET ADDRESS PO BOX 1877  
1.4 CITY-ST-ZIP WINTER HAVEN FL 33882

2.1 TITLE P/D ☐ Change ☒ Addition  
2.2 NAME WILLIAM R. WOODS  
2.3 STREET ADDRESS 913 KEITH LN  
2.4 CITY-ST-ZIP AUBURNDALE FL 33823

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

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:

*Keith K. Powell* KEITH K. POWELL

2-15-99

Date

941-294-2165

Daytime Phone #

CR2E034 (11/98)

0432452