

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Secretary of State
TALLAHASSEE, FLORIDA 32399

APPROVED
AND
FILED

MAY - 1 11:10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S67851**

(3)

FILTERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 126 DOBBINS RD., NW PALM BAY FL 32907	Mailing Address 126 DOBBINS RD., NW PALM BAY FL 32907
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3. Date incorporated or qualified 07/22/1991	3a. Date of Last Report 05/01/1994
4. FFI Number 59-3082446	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 has liability for information under § 199 (13) Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. County	30. County

9. Name and Address of Current Registered Agent	
FIGUEROA, DIANA 1600 W. EAU GALLIE BLVD. MELBOURNE FL 32940	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607 (05)(1) and 607 (06)(1) 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 (05)(5), Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PTD SHUBERT, TIMOTHY 126 DOBBINS RD NW PALM BAY FL	1. NAME	☐ Change ☐ Addition
2. NAME	VSD SHUBERT, TAMELA 126 DOBBINS RD NW PALM BAY FL	2. NAME	☐ Change ☐ Addition
3. NAME		3. NAME	☐ Change ☐ Addition
4. NAME		4. NAME	☐ Change ☐ Addition
5. NAME		5. NAME	☐ Change ☐ Addition
6. NAME		6. NAME	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. NAME		8. NAME	☐ Change ☐ Addition
9. NAME		9. NAME	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition

14. I, _____, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199 (13)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 of this filing. If a change of address is being made, please include an old address.

SIGNATURE: TAMELA J. SHUBERT **TAMELA J. SHUBERT** 5/1/95 407-952-2341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR