

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 18 1996 8:00 am  
Secretary of State

DOCUMENT # S67851 (3)  
1. Corporation Name  
FILTERS, INC.

Principal Place of Business Mailing Address  
126 DOBBINS RD. NW 126 DOBBINS RD. NW  
PALM BAY FL 32907 PALM BAY FL 32907

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 1050 S. US 1 27 1050 S. US 1  
City & State City & State  
23 Malabar Florida 28 Malabar Florida  
Zip Country Zip Country  
24 32950-6907 25 32950-6907 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
07/22/1991 05/01/1995  
4. FEI Number Applied For  
59-3082446 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
FIGUEROA, DIANA 81 Name Timothy Shubert  
1600 W. EAU GALIE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable)  
MELBOURNE FL 32940 1050 S. US 1  
83  
84 City Malabar FL 85 Zip Code 32950

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 *Timothy F. Shubert* TIMOTHY F. SHUBERT 6-11-96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE PTD ☒ DELETE 11 TITLE President ☐ Change ☐ Addition  
NAME SHUBERT, TIMOTHY 12 NAME Timothy Shubert  
STREET ADDRESS 126 DOBBINS RD NW 13 STREET ADDRESS 1050 S. US 1  
CITY-ST-ZIP PALM BAY FL 14 CITY-ST-ZIP Malabar Florida 32750-6907  
TITLE VSD ☒ DELETE 21 TITLE ☐ Change ☐ Addition  
NAME SHUBERT, TAMELA 22 NAME  
STREET ADDRESS 126 DOBBINS RD NW 23 STREET ADDRESS  
CITY-ST-ZIP PALM BAY FL 24 CITY-ST-ZIP  
TITLE ☐ DELETE 31 TITLE ☐ Change ☐ Addition  
NAME 32 NAME  
STREET ADDRESS 33 STREET ADDRESS  
CITY-ST-ZIP 34 CITY-ST-ZIP  
TITLE ☐ DELETE 41 TITLE ☐ Change ☐ Addition  
NAME 42 NAME  
STREET ADDRESS 43 STREET ADDRESS  
CITY-ST-ZIP 44 CITY-ST-ZIP  
TITLE ☐ DELETE 51 TITLE ☐ Change ☐ Addition  
NAME 52 NAME  
STREET ADDRESS 53 STREET ADDRESS  
CITY-ST-ZIP 54 CITY-ST-ZIP  
TITLE ☐ DELETE 61 TITLE ☐ Change ☐ Addition  
NAME 62 NAME  
STREET ADDRESS 63 STREET ADDRESS  
CITY-ST-ZIP 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Timothy F. Shubert* 6-11-96 407 952361  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone