

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S97309 (6)

1. Corporation Name

ALLKEY FILTER CORPORATION



Principal Place of Business

Mailing Address

262 WHISTLER SPRING CT
JACKSONVILLE FL 32225

262 WHISTLER SPRING CT
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified

12/03/1991

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

13170-58 ATLANTIC

4. FEI Number

93-1070251

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 intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22

27

Suite, Apt. #, etc.
BLVD, SUITE 321

23

28

City & State
JACKSONVILLE, FL

24

29

Zip

Country

32225

DUVAL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOMINGO, TED S.
262 WHISTLER SPRING COURT
JACKSONVILLE FL 32225

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 P ☐ DELETE

NAME
DOMINGO, TED
STREET ADDRESS
262 WHISTLER CT
CITY-ST-ZIP
JACKSONVILLE FL

TITLE VP ☐ DELETE

NAME
DOMINGO, KENNETH
STREET ADDRESS
262 WHISTLER CT
CITY-ST-ZIP
JACKSONVILLE FL

TITLE TD ☐ DELETE

NAME
DOMINGO, CONCETTA
STREET ADDRESS
262 WHISTLER SPRING COURT
CITY-ST-ZIP
JACKSONVILLE FL

TITLE A ☐ DELETE

NAME
CEGUERRA, EMMELINA
STREET ADDRESS
2411 PEG LEG ROAD
CITY-ST-ZIP
JACKSONVILLE FL

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

262 WHISTLER SPRING CT.
JACKSONVILLE, FL 32225

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

262 WHISTLER SPRING CT.
JACKSONVILLE, FL 32225

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ted S. Domingo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 APRIL 96 904-221-4935

Date

Daytime Phone #