

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V63652** (4)

1. Corporation Name

AMERICAN HEAT-PIPES, INCORPORATED

Principal Place of Business

**515 RECKER HWY
AUBURNDALE FL 33823
US**

Mailing Address

**515 RECKER HWY
AUBURNDALE FL 33823
US**



2. Principal Place of Business

21 **6914 E. FOWLER AVE**

Suite, Apt. #, etc.

22 **STE. E**

City & State

23 **TAMPA, FL**

Zip

24 **33617**

Country

25 **USA**

2a. Mailing Address

26 **6914 E. FOWLER AVE**

Suite, Apt. #, etc.

27 **STE. E**

City & State

28 **TAMPA, FL**

Zip

29 **33617**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**BECKWITH, WILLIAM ROBERT
133 E. MAXWELL STREET
LAKELAND FL 33803**

3. Date Incorporated or Qualified

09/14/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3175988

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

10. Name and Address of New Registered Agent

81. Name

WILLIAM R. BECKWITH

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

802 E. LEXINGTON ST.

83.

84. City

LAKELAND

FL

85. Zip Code

33801

11. Pursuant to the provisions of Sections 607.0602 and 607.1604, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

[Signature]

Vice President William R. Beckwith 4/24/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **BECKWITH, WILLIAM ROBERT**
STREET ADDRESS **133 E. MAXWELL STREET**
CITY, ST, ZIP **LAKELAND FL 33803**

TITLE ☐ DELETE

NAME **P**
STREET ADDRESS **KHANH DINH**
CITY, ST, ZIP **PO BOX 999**
ALACHUA FL 32616

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **GIANG DINH**
CITY, ST, ZIP **PO BOX 999**
ALACHUA FL 32616

TITLE ☐ DELETE

NAME **PETER LARS JOHNSON**
STREET ADDRESS **PO BOX 999**
CITY, ST, ZIP **ALACHUA FL 32616**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **JOSEPH HOLTON**
CITY, ST, ZIP **2351 SW 27th AVE**
GAINESVILLE FL 32608

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

V

☒ Change ☐ Addition

**802 E. LEXINGTON ST.
LAKELAND FL 33801**

☐ Change ☒ Addition

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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: *[Signature]*

William R. Beckwith Vice President 4/24/96 (B13) 899-4415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)