

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 516788
1. Corporation Name AMERICAN Pump & Supply Inc.

Principal Place of Business Mailing Address
7580-A West TENN. STREET P.O. Box 37025
Tallahassee, FL. 32304 Tallahassee, FL 32315

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Same As Above 26 Same as Above
Suite, Apt #, etc Suite, Apt #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified NOV. 15, 1976 3a. Date of Last Report May 1994
4. FEI Number 591724508 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

9. Name and Address of Current Registered Agent
M. STEWART INMAN
7580-A WEST TENN. ST
Tallahassee, FL. 32304

10. Name and Address of New Registered Agent
B1 Name N/A
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 M. STEWART INMAN M. S. [Signature] 5/15/95
Signature typed or printed name of registered agent and fee applicant (NOTE: Must print both signatures required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>President</u>	NAME <u>M. STEWART INMAN</u> STREET ADDRESS <u>7580-A WEST TENN. ST</u> CITY ST ZIP <u>Tallahassee FL 32304</u>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <u>Vice President</u>	NAME <u>Richard Rowe</u> STREET ADDRESS <u>7580-A WEST TENN. ST</u> CITY ST ZIP <u>Tallahassee FL 32304</u>	2.1 TITLE <u>0000018887</u>	<u>-06/01/95--0112--014</u> <u>***225.00 ***225.00</u>
TITLE <u>Secretary/Treasure</u>	NAME <u>Lamar Rowe</u> STREET ADDRESS <u>7580-A WEST TENN. ST</u> CITY ST ZIP <u>Tallahassee, FL. 32304</u>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY ST ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY ST ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY ST ZIP	6.1 TITLE <u>THW</u> <u>5/26/95</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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, in an attachment with an address.

SIGNATURE: M. S. [Signature] M. STEWART INMAN 5/15/95 904/575-9618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (NOTE: Must print both signatures required when registering)