

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

Principal Place of Business: **7580-A WEST TENN. ST Tallahassee, FL. 32304**
Mailing Address: **7580-A WEST TENN. ST Tallahassee, FL. 32304**

2. Principal Place of Business: **7580-A WEST TENN. ST**
2a. Mailing Address: **P.O. Box 37025**
21. Suite, Apt. #, etc.:
27. Suite, Apt. #, etc.:
23. City & State: **Tallahassee, FL.**
28. City & State: **Tallahassee, FL.**
24. Zip: **32304** 25. Country: **USA**
29. Zip: **32315** 30. Country: **USA**

3. Date Incorporated or Qualified: **Nov 1976**
3a. Date of Last Report: **May 1995**
4. FEI Number: **591724508**
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: 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:
81. Name: **N/A**
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: **M. Stewart INMAN** *M. S. Inman* DATE: **4-22-96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	President	<input type="checkbox"/>
NAME	M. Stewart INMAN	
STREET ADDRESS	7580-A WEST TENN. ST	
CITY-ST-ZIP	Tallahassee FL. 32304	
TITLE	Vice President	<input type="checkbox"/>
NAME	Richard Rowe	
STREET ADDRESS	7580 W. TENN. ST	
CITY-ST-ZIP	Tallahassee FL. 32304	
TITLE	Secretary/Treasurer	<input type="checkbox"/>
NAME	Lamar Rowe	
STREET ADDRESS	7580 W. TENN. ST	
CITY-ST-ZIP	Tallahassee, FL. 32304	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12. NAME			
13. STREET ADDRESS			
14. CITY-ST-ZIP			
21. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22. NAME			
23. STREET ADDRESS			
24. CITY-ST-ZIP			
31. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32. NAME			
33. STREET ADDRESS			
34. CITY-ST-ZIP			
41. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42. NAME			
43. STREET ADDRESS			
44. CITY-ST-ZIP			
51. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52. NAME	300001793083		
53. STREET ADDRESS	-04/24/96--01066--028		
54. CITY-ST-ZIP	***200.00		
61. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62. NAME			
63. STREET ADDRESS			
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **M. Stewart INMAN / President** *M. S. Inman* DATE: **4-22-96** 904-575-9618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)