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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

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Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90055 013 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

	SON PUMP SERVICE, INC.	Mallian Address					
Principal Place of Business Mailing Address							
1455 NE 179TH ST							
US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	t	
					05/21/1986	* - *-	
⊢ ⊣ '	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21 Suite Ant	4 -4-	Suite, Apt. #, etc.			59-2687795	**	Not Applicable
Suite, Apt.	. #, etc.	⊢			5. Certificate of Status Desired		75 Additional ee Required
City & Stat	to	City & State			6. Election Campaign Financing		
23		28			Trust Fund Contribution		.00 May Be
Zip	Country	Zip	Country	у	8. This corporation owes the cu-	rrent year Intangible	/
24	25	29	30		Personal Property Tax.	Ŭ Ye:	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New	Registered Agent	
ANIC	DERSON, JAMES L.	,	81	Name			
	5 NE 179TH ST		82	Street Ac	dress (P.O. Box Number is Not Accep	table)	
4	RTH MIAMI FL 33162		83				1
1101			03	<u>'</u>			
			84	City		85	Zip Code
44 Durayant	to the provisions of Sections 607.050	20 - 1 607 1500 51-11- 01-11	o the abou			FL	ng ite registered
				a named so			
office or r	registered agent or both in the State.	of Florida, Such change was au	ithorized by	the corpora	orporation submits this statement for the ation's board of directors. I hereby acceptation	ept the appointment	as registered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flor	uthorized by ida Statutes	the corpora s.	ation's board of directors. I hereby acce	ept the appointment	as registered
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)