

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K14648** (5)

1. Corporation Name

ANDERSON PUMPS & IRRIGATION, INC.

Principal Place of Business

Mailing Address

**% L. W. ANDERSON
2055 CENTRAL AVE
ST PETERSBURG FL 33713**

**% L. W. ANDERSON
2055 CENTRAL AVE
ST PETERSBURG FL 33713**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **02/25/1988** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2870417

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, SUZANNE R.
2055 CENTRAL AVE
ST PETERSBURG FL 33713**

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 15th if applicable

(NOTE: Registered Agent Signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CDPS
NAME	ANDERSON, L. W.
STREET ADDRESS	2916 - 60TH AVE S
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	D
NAME	ANDERSON, SUZANNE R.
STREET ADDRESS	2916 - 60TH AVE S
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Anderson L.W.	
13 STREET ADDRESS	2916 60 AVE S	
14 CITY - ST - ZIP	ST PETERSBURG, FL 33712	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ANDERSON SUZANNE R.	
23 STREET ADDRESS	2916 60 AVE S	
24 CITY - ST - ZIP	ST. PETERSBURG FL 33712	
31 TITLE	R.S.F.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	NEFLORIDA FL PHILIP D	
33 STREET ADDRESS	7110 MEADOWLAWN DR. N.	
34 CITY - ST - ZIP	ST. PETERSBURG FL 33702	
41 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	KUCH SIVATH	
43 STREET ADDRESS	3852 14 AVE N.	
44 CITY - ST - ZIP	ST. PETERSBURG FL 33712	
51 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	KAUV THIP K	
53 STREET ADDRESS	2460 392 AVE N.	
54 CITY - ST - ZIP	ST. PETERSBURG FL 33713	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Louis W. Anderson C.D. Date: 4-27-95 City/State/Phone #: (912) 822-8921
 Louis W. Anderson