

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K14648 (5)

1. Corporation Name
ANDERSON PUMPS & IRRIGATION, INC.



Principal Place of Business PHIL D. HETZENDORFER W. L. W. ANDERSON 2055 CENTRAL AVE ST PETERSBURG FL 33713	Mailing Address PHIL D. HETZENDORFER W. L. W. ANDERSON 2055 CENTRAL AVE ST PETERSBURG FL 33713-8814
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 02/25/1988	3a. Date of Last Report 05/01/1996
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4. FEI Number 59-2870417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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: *Phil D. Hetzendorfer*
 Signature, typed printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, L. W.	
STREET ADDRESS	2916 - 60TH AVE S	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, SUZANNE R.	
STREET ADDRESS	2916 - 60TH AVE S	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	HETZENDORF, PHILIP D.	
STREET ADDRESS	7110 MEADOWLAWN DR. N.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SINATH, KUCH	
STREET ADDRESS	3852 N 14TH AVE	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KAUV, THI K.	
STREET ADDRESS	2460 N 3RD AVE	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DISCLOSED	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SUZANNE R. ANDERSON	
2.3 STREET ADDRESS	SAME	
2.4 CITY - ST - ZIP	SAME	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HETZENDORFER, PHILIP D.	
3.3 STREET ADDRESS	SAME	
3.4 CITY - ST - ZIP	SAME	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Suzanne R. Anderson* **14/15/97 813-872-397**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)