

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

FILED
Jul 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 HETZENDORFER, PHIL. D 2055 CENTRAL AVE ST PETERSBURG FL 33713 US	Mailing Address HETZENDORFER, PHIL. D 2055 CENTRAL AVE ST PETERSBURG FL 33713 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc.	22 2a. Mailing Address Suite, Apt. #, etc.
23 2. Principal Place of Business City & State Zip Country	24 2a. Mailing Address City & State Zip Country

3. Date Incorporated or Qualified 02/25/1988
4. FEI Number 59-2870417
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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 FL 85 Zip Code
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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 Suzanne Anderson **6-23-98**
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	OD <input type="checkbox"/> DELETE
NAME	ANDERSON, SUZANNE R.
STREET ADDRESS	2016 - 60TH AVE S
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	PST <input type="checkbox"/> DELETE
NAME	HETZENDORFER, PHIL 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	
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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.

SIGNATURE: Suzanne Anderson **6-23-98 8-13-822-3971**

CP2E034 (10/97)