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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M80633

1. Corporation Name
BEST PUMP & MOTOR REPAIR, INC.

Principal Place of Business C/O BARBARA TABOR 4404 LITHIA ROAD VALRICO FL 33594	Mailing Address C/O BARBARA TABOR 4404 LITHIA ROAD VALRICO FL 33594
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 9413 Hwy 301 S. City & State 23 Riverview	2a. Mailing Address 26 Suite, Apt. #, etc. 27 9413 Hwy 301 S. City & State 28 Riverview FL
Zip 24 FL 33569	Country 25 Hillsborough

3. Date Incorporated or Qualified 05/12/1988	4. FEI Number 59-2889019	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

TABOR, BARBARA
4404 LITHIA ROAD
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name Tabor Barbara
82 Street Address (P.O. Box Number is Not Acceptable) 9204 River Cove Dr
83
84 City Riverview
85 Zip Code FL 33569

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	NAME TABOR, ROBERT M.	1.1 TITLE VP	1.2 NAME Tabor Robert
STREET ADDRESS 4404 LITHIA RD.	CITY-ST-ZIP VALRICO FL	1.3 STREET ADDRESS 9204 River Cove Dr	1.4 CITY-ST-ZIP RIVERVIEW FL 33569
TITLE P	NAME BARBAR, TABOR	2.1 TITLE P	2.2 NAME Barbara Tabor
STREET ADDRESS 4404 LITHIA RD	CITY-ST-ZIP VALRICO FL	2.3 STREET ADDRESS 9204 RIVER COVE DR.	2.4 CITY-ST-ZIP RIVERVIEW FL 33569
TITLE VD	NAME SAYLES, TROY	3.1 TITLE VP	3.2 NAME Sayles Troy
STREET ADDRESS 4404 LITHIA RD	CITY-ST-ZIP VALRICO FL	3.3 STREET ADDRESS 2115 RIDGEMORE	3.4 CITY-ST-ZIP VALRICO FL 33594
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE: *Barbara Tabor* SIGNATURE REQUIRED

1-13-99 813-677 6413

CR2E034 (1/198)