

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90043 031 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000034073**

1. Corporation Name  
**POGY PUMPER, INC.**



Principal Place of Business  
**1504 N 77 AVE PENSACOLA FL 32506**

Mailing Address  
**1504 N 77 AVE PENSACOLA FL 32506**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/16/1996**

4. FEI Number  
**59-3397182**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75-Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

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

2a. Mailing Address  
 26 **PO Box 800087**  
 27 Suite, Apt. #, etc.  
 28 **LAKELAND GA**  
 29 Zip  
 30 **30241**  
 Country

9. Name and Address of Current Registered Agent  
**NEILSEN, PETER**  
**1504 N 77 AVE**  
**PENSACOLA FL 32506**

10. Name and Address of New Registered Agent  
 81 Name **CORA V. DOUGLAS**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**RT 3 Box 350 LEE ST.**  
 83  
 84 City **LAKE BUTLER** FL 85 Zip Code **32054**

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 *Cora V. Douglas* DATE **4-16-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEILSEN, CHRISTIAN P</b>	1.2 NAME	<b>ERIC DOUGLAS</b>
STREET ADDRESS	<b>1504 N 77 AVE</b>	1.3 STREET ADDRESS	<b>418 ROBERT TAYLOR RD</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>	1.4 CITY-ST-ZIP	<b>LAKELAND, GA 30240</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANTHONY BENSON</b>	2.2 NAME	
STREET ADDRESS	<b>537 N. FAIRFIELD DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRISTIAN P. NIELSEN JR.</b>	3.2 NAME	
STREET ADDRESS	<b>1504 NTH 77TH AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* SIGNATURE REQUIRED  
 Date **4-16-99** Daytime Phone # **706-884-8449**

CR2E034 (1/198)