FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **300438** **(9)**

1. Corporation Name
TRANS-PUMPS, INC. OF FLORIDA

Principal Place of Business	Mailing Address
1351 STATE RD 60 W MULBERRY FL 33860-8571 US	225 NORTH CEDAR ST HAZLETON PENN 18201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/07/1966	3a. Date of Last Report: 02/16/1994
4. FEI Number: 23-1670479	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLS, WILLIAM J. 1351 S.R. 60 WEST C/O BARRETT, HAENTJENS & CO. OF FLA. MULBERRY FL 33860-5571	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 _____ DATE
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	T	11 TITLE	☐ Change ☐ Addition
NAME	HAENTJENS, K A	12 NAME	
STREET ADDRESS	199 MAIN STR	13 STREET ADDRESS	
CITY-ST-ZIP	CONYNGHAM PA	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HAENTJENS, JR R.P.	22 NAME	
STREET ADDRESS	SUGARLOAF TOWNSHIP	23 STREET ADDRESS	
CITY-ST-ZIP	SUGARLOAF, PA 00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HAENTJENS, G.D.	32 NAME	
STREET ADDRESS	199 MAIN STREET	33 STREET ADDRESS	
CITY-ST-ZIP	CONYNGHAM PA	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	STONE, MARGARET HAENT	42 NAME	
STREET ADDRESS	5725 THUNDERHILL RD	43 STREET ADDRESS	
CITY-ST-ZIP	PARKER, CO 00000	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	COXE, F.S.	52 NAME	
STREET ADDRESS	RR 2	53 STREET ADDRESS	
CITY-ST-ZIP	DRUMS PA	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: K. A. Haentjens 4/25/95 717-455-7711
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466322 FN