

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 11:00

DOCUMENT # **341249** (1)

1. Corporation Name
BEACON SPRINKLER PUMP AND WELL INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1230 N E 48TH ST **1230 N E 48TH ST**
POMPANO BEACH FL 33064 **POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/07/1969	06/09/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1232231	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
BONE, KENT R 4830 BRADFORDVILLE ROAD TALLAHASSEE, FL 32308				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BONE, KENT R 4830 BRADFORDVILLE ROAD TALLAHASSEE, FL 32308				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONE, KENT R	1.2 NAME	BONE, NORMA F
STREET ADDRESS	4830 BRADFORDVILLE ROAD	1.3 STREET ADDRESS	4830 BRADFORDVILLE RD.
CITY - ST - ZIP	TALLA, FL 00000	1.4 CITY - ST - ZIP	TALLA, FL 32308
TITLE	VSD	2.1 TITLE	SDC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONE, NORMA F	2.2 NAME	BONE, KENT R
STREET ADDRESS	4830 BRADFORDVILLE ROAD	2.3 STREET ADDRESS	4830 BRADFORDVILLE RD
CITY - ST - ZIP	TALLA, FL 00000	2.4 CITY - ST - ZIP	TALLA, FL 32308
TITLE		3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	CATANZARO, JOSEPH
STREET ADDRESS		3.3 STREET ADDRESS	6021 BAYVIEW D.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	FORT LAUD., FL 33308
TITLE		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		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		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 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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed), or on an attachment with an address.

SIGNATURE: Kent R Bone **KENT R. BONE** 4/19/95 **904-893-0790**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)