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 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **352592** **(0)**

1. Corporation Name
ACE PUMP COMPANY OF PINELLAS PARK INC

Principal Place of Business	Mailing Address
8451-49 STREET NORTH PINELLAS PARK FL 34665-1553	8451-49 STREET NORTH PINELLAS PARK FL 34665-1553

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/22/1969**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-1272330** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARK JR., H.H.
13397-86 AVENUE NORTH
SEMINOLE FL

10. Name and Address of New Registered Agent

81 Name: CLARK, KENNETH R.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 617 Jacaranda Street
84 City: Dunedin **FL** 85 Zip Code: 34698

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: X Kenneth R Clark
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	CLARK JR.,H.H.	12 NAME	Clark, Kenneth R.	
STREET ADDRESS	13397-86 AVENUE NORTH	13 STREET ADDRESS	617 Jacaranda Street	
CITY-ST-ZIP	SEMINOLE FL	14 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	S	21 TITLE	STD	☒ Change ☐ Addition
NAME	CLARK,BETTY S.	22 NAME	Clark, Tammy K.	
STREET ADDRESS	13397-86 AVENUE NORTH	23 STREET ADDRESS	617 Jacaranda Street	
CITY-ST-ZIP	SEMINOLE FL	24 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	CLARK,BETTY S.	32 NAME		
STREET ADDRESS	13397-86 AVENUE NORTH	33 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth R Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-733-8142
Daytime Phone #

0344464 CP