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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 361437

(7)

1. Corporation OCAL	n Name A PUMP AND TANK INC		(*)			T HERTER WING BINDI KIRKI BINDI KANI ITRK BINDI ANDIK DIGIN ANDIK DIGIN BINDI DIGIN DIGIN DIGIN DIGIN DIGIN DI
Principa' Place of Business Mailing Address						
3830 SE LAKE WEIR AVE OCALA FL 34480 US 3830 SE LAKE WEIR AVE OCALA FL 34480 US				Έ		
		00				3. Date incorporated or Qualified 3a. Date of Last Report 03/23/1970 03/20/1995
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-1289780 Not Applicable
22		27	27			5. Certificate of Status Desired \$8.75 Additional Fee Required
Orty & State	Oity & State Oity & State 28		tate			Election Campaign Financing Trust Fund Contribution Trust Fund Contribution St.00 May Be Added to Fees
Zip	}		-	Country		8. This corporation has liability for intangible tax under s 199.032,
24	25 29 30 9. Name and Address of Current Registered Agent		30]		Florida Statutes	
				81	Name	
BREWER, WILLIAM A 5310 SE 27TH AVENUE				82	Street Ad	idress (P.O. Box Number is Not Acceptable)
32674	E 2/111 AVENUE			83		
				84	City	■■ 85 Zip Code
11 Pursuant	to the provisions of Sections 607.0502	and 607 1509 FI	lovda Statutos		-	poration submits this statement for the purpose of changing its registered office
i brredister	ed agent, or both, in the State of Florid th, and accept the obligations of, Section of Reported agent (State of Reported agent)	oa. Such change v ion 607.0505, Flor	was authorized rida Statutes.	by the corp	oration's bo	ovarior submits this statement for the purpose of changing its registered office oard of directors. I hereby accept the appointment as registered agent. I am
12.	OFFICERS ANS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11(f	PD Brewer, William A		DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	3830 S.E. LAKE WEIR AVE.			1 2 NAME 1 3 STREET	2299004	
CITY - \$1 - ZIP	OCALA FL			14 CITY-S		
THEF	VD			2 1 THLE		Change Addition
NAME COULTABORGE	FELDER,PAUL A 9810 SE 36TH AVE			2 2 NAME		
STREET ADDRESS ONLY ST ZIP	DELLEMENT EL		23 STREET 24 City-S			
TITLE	D	D DELETE 3 1		3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS	9810 SE 36TH AVE BELLEVIEW FL			3 3 STREET	İ	
CHIY-ST-ZIP THIFF	D	П	DELETE	3.4 CITY-S 4. 1 TITLE	T ZIP	Change Addition
NAME	Felder, steve J.	L .		4.2 NAME		Strange D Mountain
STREET ADDRESS	9820 SE 36TH AVE			4.3 STREET	ADDRESS	
CITY SI ZIP			4.4 CHTY - S	r - 2IP		
111LF	_		5. 1 THILE		☐ Change ☐ Addition	
NAME STHEFT ADDRESS				5 2 NAME 5 3 STREET	ADDRESS	
CITY+ST-ZIP				5.4 CITY - S		
TI'LE			DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS				63 STREET	ADDRESS	

64 CHY-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: VILLE PARTIES OF SIGNING OFFICER OR DIRECTOR

2-23-94 352-131-1490 Degline Prione 1