

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

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Apr 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 680820 (8)  
1. Corporation Name  
COAST PUMP & SUPPLY CO., INC.

Principal Place of Business  
610 GROVELAND AVENUE  
VENICE FL 34292-2613

Mailing Address  
610 GROVELAND AVE.  
VENICE FL 34292  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2014748	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PHILLIPS, GORDON W 610 GROVELAND AVE. VENICE FL 34292				10. Name and Address of New Registered Agent	
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP
NAME	PHILLIPS, GORDON W.	1.2 NAME	Phillips, Mitchell
STREET ADDRESS	610 GROVELAND AVENUE	1.3 STREET ADDRESS	610 Groveland Ave
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	Venice FL 34292
TITLE	S	2.1 TITLE	
NAME	PHILLIPS, HELEN A.	2.2 NAME	
STREET ADDRESS	610 GROVELAND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 3	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	PHILLIPS, MATTHEW	3.2 NAME	
STREET ADDRESS	610 GROVELAND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	PHILLIPS, MARK	4.2 NAME	
STREET ADDRESS	610 GROVELAND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:  1/7/98 944-4843738

CR2E034 (10/97)