

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

FILED

Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90046 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F12135 1. Corporation Name K & B PUMP, INC.		600 DPi Resolution Enhancement	
Principal Place of Business 1225 COMMERCE DRIVE P.O. BOX 2012 LA BELLE FL 33935		Mailing Address 1225 COMMERCE DRIVE P.O. BOX 2012 LA BELLE FL 33975 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		21 Suite, Apt. #, etc.	
22 City & State		22 City & State	
23 Zip		23 Zip	
24 Country		24 Country	
25		29	
29		30	
9. Name and Address of Current Registered Agent SMITH, WILLIAM K 733 TRADER ROAD LABELLE FL LocalTalk IEEE ECP 1284C		3. Date Incorporated or Organized 12/18/1980	
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 607.0508, Florida Statutes.		4. FEI Number 592066332	
SIGNATURE Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when re-registering)		5. Certificate of Status Desired <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
12. OFFICERS AND DIRECTORS		10. Name and Address of New Registered Agent	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		8. This corporation owes the following taxes: Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		85 Zip Code	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		86 Zip Code	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		87 Zip Code	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		88 Zip Code	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		89 Zip Code	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		90 Zip Code	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		91 Zip Code	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		92 Zip Code	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		93 Zip Code	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		94 Zip Code	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		95 Zip Code	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		96 Zip Code	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		97 Zip Code	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		98 Zip Code	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		99 Zip Code	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		00 Zip Code	



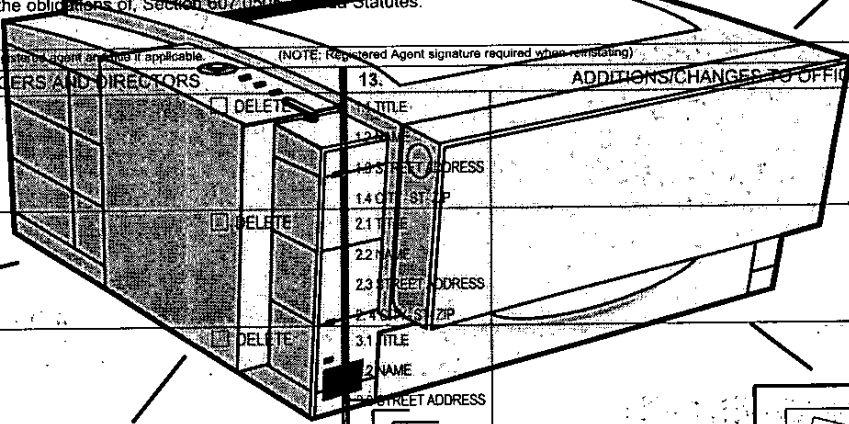
DO NOT WRITE IN THIS SPACE

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption created by Section 119.07(3), 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, with all other like empowered.

SIGNATURE *Nancy C. Smith* REQUIRED *Nancy C. Smith* 1-10-99 Date 941-675-2266 Daytime Phone #