

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

FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000006637 (2)

1. Corporation Name

ENVIROTECH PUMPSYSTEMS, INC.



Principal Place of Business

440 WEST 800 SOUTH
SALT LAKE CITY UT 84101
US

Mailing Address

440 WEST 800 SOUTH
SALT LAKE CITY UT 84101-2229
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/28/1994

3a. Date of Last Report

04/22/1996

4. FEI Number

87-0529231

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature type: (For printed name of registrant, sign and date the application)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PETER KRUMM	
STREET ADDRESS	400 WEST 800 SOUTH	
CITY- ST- ZIP	SALT LAKE CITY UT	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	NELSON, REED	
STREET ADDRESS	400 WEST 800 SOUTH	
CITY- ST- ZIP	SALT LAKE CITY UT	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	DUNBAR, DAVID	
STREET ADDRESS	149 NEWLANDS ROAD	
CITY- ST- ZIP	CATHCART GLASGOW, OK G444EX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David Dunbar	
1.3 STREET ADDRESS	149 Newlands Rd	
1.4 CITY- ST- ZIP	Cathcart Glasgow UK	
2.1 TITLE	VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	440 W. 800 South	
2.4 CITY- ST- ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Peter Krum	
3.3 STREET ADDRESS	440 W. 800 South	
3.4 CITY- ST- ZIP	Salt Lake City, UT	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marc White	
4.3 STREET ADDRESS	440 W. 800 South	
4.4 CITY- ST- ZIP	Salt Lake City, UT	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do 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:

Reed Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reed Nelson Vice President & Secretary
1/17/96 (801) 359 6734

CR2E034 (9/96)