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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006637 (2)

ENVIROTECH PUMPSYSTEMS, INC. Principal Place of Business Mailing Address 440 WEST 800 SOUTH 440 WEST 800 SOUTH SALT LAKE CITY UT 84101 SALT LAKE CITY UT 84101 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/28/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 87-0529231 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intaggible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 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	••				and the second of the second o	THE RESERVE THE PARTY OF THE PA	
	Signature, typed or printed name of registered agent and title it applicable	. (NOTE: R	egistered Agent signature			DATE	rendente e time de l'
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHA	NGES TO OFFICE	RS AND DIRECTOR	
TITLE	PD	DELETE	1.1 TITLE			Ly Change	Addition
NAME	DAVID DUNBAR		1.2 NAME				ŀ
STREET ADDRESS	149 NEWLANDS RD.		1.3 STREET ADDRESS		_		
CITY-ST-ZIP	CATHOART GLASGOW UK		1.4 CITY-ST-ZIP	CATHCAP	T GLAS	show uk	
TITLE	-	DELETE	2.1 TITLE			Change	☐ Addition
NAME	NELSON, REED		2.2 NAME				ļ
STREET ADDRESS	440 W. 800 SOUTH		2.3 STREET ADDRESS				. أ
CITY-ST-ZIP	SALT LAKE CITY UT		2. 4 CITY-ST-ZIP	SAUT LAKE PETER KI	CITY		tiol
TITLE	_	DELETE	3.1 TITLE		•	Change	Addition
NAME	PETER KRUM		3.2 NAME	PETER KI	Rumm		
STREET ADDRESS	440 W. 800 SOUTH		3.3 STREET ADDRESS			_	į
CITY-ST-ZIP	SALT LALA CITY UT		3.4. CITY-ST-ZIP	SALT LAKE	E CITY		tiol
TITLE		DELETE	4.1 TITLE		,,	Change Change	Addition
NAME	MARC WHITE		4. 2 NAME				
STREET ADDRESS	440 W. 800 SOUTH		4.3 STREET ADDRESS				
CITY-ST-ZIP	SALT LAKE CITY UT		4.4 CITY-ST-ZIP	SALT LAKE	3 CITY		410(
TATLE		DELETE	5.1 TITLE		•	☐ Change	Addition
NAME			5.2 NAME				
STREET ADORESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				I
CITY - ST - 7iP			6.4 CITY - ST-7IP				

14. I hereby certify that the information supplied with this filling 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:

ATU PAFALIPED

1/5/98

FILED

Jan 16 1998 8:00am

Secretary of State

801-359-8731