FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 22 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G41873 (2)

1. Corporation Name
STARR PUMP CO., INC.

Principal Place of Business
4726-D NO LOIS AVE
TAMPA FL 33614
US

Mailing Address
P O BOX 15502
TAMPA FL 33684
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/02/1983
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2296693 ☐ 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
STARR, DANA B
4726-D N LOIS AVE
TAMPA FL 33614

10. Name and Address of New Registered Agent
81 Name: Starr, Barbara F.
82 Street Address (P.O. Box Number is Not Acceptable): 4726-D N Lois Ave
83
84 City: Tampa, FL 85 Zip Code: 33614

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 Barbara F. Starr — Barbara F. Starr
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STARR, DANA B
STREET ADDRESS	442 PINEHURST AVE
CITY-ST-ZIP	TEMPLE TERR, FL 00000
TITLE	D
NAME	STARR, BARBARA F.
STREET ADDRESS	442 PINEHURST AVE.
CITY-ST-ZIP	TEMPLE TERR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President ☒ Change ☐ Addition
1.2 NAME	Starr, Barbara F.
1.3 STREET ADDRESS	442 S. Pinehurst Ave
1.4 CITY-ST-ZIP	Temple Terrace, Fl. 33617-7219
2.1 TITLE	Vice President ☐ Change ☐ Addition
2.2 NAME	Starr, Dana B., Jr.
2.3 STREET ADDRESS	8700 N 50th St #438
2.4 CITY-ST-ZIP	Tampa, Fl 33617
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 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: Barbara F. Starr BARBARA F. STARR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date (813) 877-0416
Daytime Phone #

0304781 CP