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

Mailing Address

VENICE FL 34293-0130

PO BOX 23975

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

. Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G96234

Principal Place of Business

109 CORAL RD.

VENICE FL 34293

J. R. PUMP SERVICE, INC.

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90049 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

				04/13/1984	
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	lace of Dusiness	26		59-2397475	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
	#, 8tc.	27		5. Certificate of Status Desired	Fee Required .
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
— ·	•	28		Trust Fund Contribution	Added to Fees
23 Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	30	Personal Property Tax.	Yes No
24	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	d Agent
	And the second s		81 Name		
CAMPBELL, MILLARD			82 Street Address (P.O. Box Number is Not Acceptable)		
109 CORAL RD.				Secretary of the second secretary of the second sec	and the second second second second second
VENICE FL 34293			83	一 ,我们就是不能是能够是我们就是	
	•		04 6"	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	85 Zip Code
		•	84 City	, F	L
44 Divinion	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s, the above-named	corporation submits this statement for the purpose	of changing its registered
office or r	registered agent, or both, in the State of	of Florida. Such change was au	thorized by the corpo	corporation submits this statement for the purpose pration's board of directors. I hereby accept the ap	pointment as registered
🧀 agent. I a	ım familiar with, and accept the obligati	ions of, Section 607.0505, Fion	ua Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if analicable (NOTF)	Registered Agent signature n	equired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DPT	DELETE	1.1 TITLE	19403000	☐ Change ☐ Addition
	CAMPBELL, MILLARD		1.2 NAME		
NAME .		•	1.3 STREET ADDRESS		
STREET ADDRESS			1.4 CITY-ST-ZIP		
CITY-ST-ZIP	VENICE FL 34293	□ DELETE	2.1 TITLE		☐ Change ☐ Addition
TITLE	OS CAMPRELL COMME		2.2 NAME		
NAME	- · · · · · · · ·				11 · 11 · 11
STREET ADDRESS			2.3 STREET ADDRESS	· · · · · · ·	
CITY-ST-ZIP	VENICE FL 34293	. DELETE	2.4 C/TY-ST-ZIP 3.1 TITLE		Change Addition
TITLE CAN	Shirt to have	. □ DELETE .		·	
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STREET ADDRESS			3.3 STREET ADDRESS	1 アリア あった バンス きょうかい バスをする (道の 多	1、10、1960年8、30日前6、20日
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L.	VENICE FL	☐ DELETE	4.1 TITLE	1	Change: alia: ☐ Addition
NAME		☐ DELETE	4.1 TITLE 4. 2 NAME		(本)
NAME STREET ADDRESS			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Changes si表 图 Addition
[169 P23154] R		100 (200) 152-44 11 (4 (200)) 40	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP		
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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 informationated 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.