**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H00467

1. Corporation Name

SUE'S PUMPS, INC.

360 WYMORE RD ALTAMONTE SPRINGS FL 32714

Principal Place of Business	

Mailing Address

360 WYMORE RD

ALTAMONTE SPRINGS FL 32714

# Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90135 008 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/24/1984

2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2401055	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
22		27		5. Certifcate of Status Desired	Fee Required	
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	. 8. This corporation owes the current year Inta	ngible	
24	25	29 30	]	Personal Property Tax.	☐Yes ☐No	
1	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered A	gent	
81				Patricia McKerver	İ	
HAYNE, WILLARD W			92 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
360 WYMORE RD			OZ SIFERI AGE	360 Wymore Rd.		
ALTAMONTE SPGS FL 32714			83			
					<del> </del>	
			84 City A	Hamoute Spas FL	85 Zip Code 32714	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the above-named cor	poration submits this statement or the purpose of	changing its registered	
office or re	egistered agent, or both, in the State of m familiar with, and agent the obligati	of Florida. Such change was autho	onzed by the corborat	tion's board of directors. I hereby accept the appoin	tment as registered	
	in rannular with, and and epit he obligati	119 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 0.0.0.00	4/1/	99	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re-	gistered Agent signature requir			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DP	DELETE	1.1 TITLE	V	☐ Change	
NAME	HAYNE, WILLARD W.		1.2 NAME	SICK M. REESER AVE. 2700 N.E. CENTER AVE.		
STREET ADDRESS	360 WYMORE RD		1.3 STREET ADDRESS	2700 N.E. CENTER MY		
CITY-ST-ZIP	ALTAMONTE SPGS FL		1.4 CITY-ST-ZIP	+. LAUd. FL. 33308	ا ر	
TITLE	DP	☐ DELETE	2.1 TITLE	ec/TREAS	☐ Change	
NAME	REESER, DENNIS I.		2.2 NAME	atricia McKeever 360 Wymore Rd		
STREET ADDRESS	253 HAMPTON PLACE		2.3 STREET ADDRESS	60 Wymore Rd		
	WINTER PARK FL	war e a	2.4 CITY-ST-ZIP	Hamoute Springs, FL.	327.14	
TITLE	· · · · · · · · · · · · · · · · · · ·		3.1 TITLE	MAMORIC SPRINGS	☐ Change ☐ Addition	
NAME			3.2 NAME		-	
1			3.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP	·	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition	
TITLE			4.1 ITILE 4.2 NAME			
NAME						
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<del> </del>	Change Addition	
TITLE	•	□ occete	5.1 IIILE 5.2 NAME			
NAME			5.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
TITLE		☐ DELETE			☐ Anough	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		]	
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. 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 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 certoration or the certorate 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

H00467 401097-90135-8

### CONSENT IN LIEU OF MEETING OF THE BOARD OF DIRECTORS OF SUE'S PUMPS, INC.

The undersigned, constituting all the directors of the corporation, Waiving all requirements of notice, hereby adopt the following resolutions:

### **ELECTION OF OFFICERS**

RESOLVED, that the following persons are elected to the corporate Offices indicated opposite their names below to serve for the term Provided in the bylaws or until his or her earlier death, resignation, or Removal from office:

Dennis I. Reeser Dick M. Reeser Patricia McKeever President
Vice President
Secretary/Treasurer

IN WITNESS WHEREOF, the undersigned directors and secretary of SUE'S PUMPS, INC. have signed this

Recording the matters resolved this 8th day of April

Dennis I. Reeser, Director

Dick M. Reeser, Director

Patricia McKeever, Secretary