

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H71171

(3)

1. Corporation Name

PUMP AND SUDS, INC.



Principal Place of Business

2225 NW 13TH STREET
GAINESVILLE FL 32609

Mailing Address

2225 NW 13TH STREET
GAINESVILLE FL 32609

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

DECHOW, JON T.
2225 NW 13TH STREET
GAINESVILLE FL 32609

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 607.0112 and 607.1503, 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 607.0112, Florida Statutes.

SIGNATURE

Signature of person making the presentation to the Division

Signature of Registered Agent or Registered Agent in Charge

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVT	[] DELETE
NAME	DECHOW, JON T.	
STREET ADDRESS	2225 NW 13TH STREET	
CITY-STATE-ZIP	GAINESVILLE FL	
TITLE	S	[] DELETE
NAME	DECHOW, AMY J.	
STREET ADDRESS	2225 NW 13TH STREET	
CITY-STATE-ZIP	GAINESVILLE FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied by this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 person 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 attached list of an address.

SIGNATURE:

Jon T. Dechow Jon T. Dechow 1-25-96 352-392-2758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)