

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:02

DOCUMENT # H73770

(0)

1. Corporation Name

VENICE PUMPS & MOTORS INC.

Principal Place of Business

**% JOEL D. SNYDER
1335 PINEBROOK WAY
VENICE FL 34292**

Mailing Address

**% JOEL D. SNYDER
1335 PINEBROOK WAY
VENICE FL 34292**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/30/1985

3a. Date of Last Report
04/26/1994

4. FEI Number
59-2659652

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. 195.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**SNYDER, JEAN
306 WARFIELD AVE. S.
VENICE FL 34292**

10. Name and Address of New Registered Agent

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME SNYDER, JOEL D.
STREET ADDRESS 306 WARFIELD AVE S
CITY - ST - ZIP VENICE FL**

**TITLE O
NAME SNYDER, JEAN
STREET ADDRESS 306 WARFIELD AVE S
CITY - ST - ZIP VENICE 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

**11 TITLE PD
12 NAME SNYDER, JEAN
13 STREET ADDRESS 306 WARFIELD AVE S
14 CITY - ST - ZIP VENICE FL 34292** ☒ Change ☐ Addition

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP** ☐ Change ☐ Addition

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP** ☐ Change ☐ Addition

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP** ☐ Change ☐ Addition

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP** ☐ Change ☐ Addition

**61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP** ☐ Change ☐ Addition

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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN SNYDER

4-5-95

813 488 4874

(Date)

(Telephone #)