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 MAY -1 PM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J16014** **(9)**

1. Corporation Name
PAT'S PUMP AND BLOWER, INC.

Principal Place of Business	Mailing Address
630 W. CHURCH ST. ORLANDO FL 32805	630 W. CHURCH ST. ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/23/1986**
3a. Date of Last Report: **05/27/1994**

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: **59-2686727** ☐ 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

FENDER, PATRICK A.
630 W. CHURCH ST.
4545 FOXTOWN SO., POLK CITY, FL
ORLANDO FL 32805

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	FENDER, PATRICK A.	12 NAME	FENDER, PATRICK A.	
STREET ADDRESS	4545 FOX TOWN S.	13 STREET ADDRESS	10494 STEPHEN DR	
CITY ST ZIP	POLK CITY FL	14 CITY ST ZIP	POLK CITY, FL 33868	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	FENDER, KEVIN A.	22 NAME		
STREET ADDRESS	714 S. LK FORMOSA DR.	23 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP		
TITLE	TD	31 TITLE	TD	☑ Change ☐ Addition
NAME	FENDER, MICHAEL A.	32 NAME	FENDER, MICHAEL A.	
STREET ADDRESS	2402 LAURA PLACE	33 STREET ADDRESS	305 BOULDERSTONE	
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	LAKE MARY, FL 32746	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	FENDER, KEVIN A.	42 NAME		
STREET ADDRESS	714 S LK FORMOSA DR.	43 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 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: _____ 4/27/95 407-894-7867
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

004444 CP