

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 07 1997 8:00am
Secretary of State

DOCUMENT # **J16014** (9)

1. Corporation Name

PAT'S PUMP AND BLOWER, INC.

Principal Place of Business

**630 W. CHURCH ST.
ORLANDO FL 32805**

Mailing Address

**630 W. CHURCH ST.
ORLANDO FL 32805-2269**

3. Date Incorporated or Qualified

05/23/1986

3a. Date of Last Report

03/21/1996

4. FEI Number

59-2686727

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**PD
FENDER, PATRICK A.
10494 STEPHEN DR.
POLK CITY FL**

1.1 TITLE ☐ Change ☐ Addition

NAME ☒ DELETE

TITLE
**VD
FENDER, KEVIN A.
714 S. LK FORMOSA DR.
ORLANDO FL**

2.1 TITLE ☒ Change ☐ Addition

NAME ☒ DELETE

TITLE
**TD
FENDER, MICHAEL A.
305 GOLDSTONE
LAKE MARY FL**

3.1 TITLE ☒ Change ☐ Addition

NAME ☒ DELETE

TITLE
**SD
FENDER, KEVIN A.
714 S LK FORMOSA DR.
ORLANDO FL**

4.1 TITLE ☐ Change ☒ Addition

NAME ☐ DELETE

TITLE
**NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

TITLE
**NAME
STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 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

Date

Daytime Phone #

0066838

CR2E034 (9/96)