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Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1986
4. FEI Number: 59-2686727 — Applied For / Not Applicable
5. Certificate of Status Desired [x] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. [x] Yes [ ] No

2. Principal Place of Business
21 630 W. Church ST
Suite, Apt. #, etc.
22
City & State
23 ORLANDO FL
Zip
24 32805
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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: SAME
82 Street Address (P.O. Box Number is Not Acceptable): SAME
83 10494 STEVEN DR. Polk City FL 33868
84 City: SAME FL
85 Zip Code: SAME

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 X [signature] PATRICK A FENDER PRES/DIR. 4-8-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	FENDER, PATRICK A.	
STREET ADDRESS	10494 STEPHEN DR.	
CITY-ST-ZIP	POLK CITY FL	
TITLE	VD	[ ] DELETE
NAME	FENDER, KEVIN A.	
STREET ADDRESS	1775 DRUNLINER RD	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	SD	[x] DELETE
NAME	FENDER, MICHAEL A.	
STREET ADDRESS	305 GOLDSTONE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	TD	[x] DELETE
NAME	LE, MAN	
STREET ADDRESS	2009 CROSSHAIR CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	600002491975	[ ] Change [ ] Addition
4.2 NAME	-04/17/98--01029--018	
4.3 STREET ADDRESS	***150.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS	4/16	
5.4 CITY-ST-ZIP		
6.1 TITLE	600002491975	[ ] Change [ ] Addition
6.2 NAME	-04/17/98--01029--017	
6.3 STREET ADDRESS	***8.75	
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 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 X [signature] PATRICK A FENDER PRES/DIRECTOR 4-8-98 1-800-359-7867