

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J21703 (0)**
1. Corporation Name
CYCLONE PUMP AND WELDING, INC.



Principal Place of Business: **2991 U.S. 27 N. AVON PARK FL 33825**
Mailing Address: **2991 U.S. 27 N. AVON PARK FL 33825**

3. Date Incorporated or Qualified: **06/27/1986**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business: **21 3017 U.S. 27 N.**
2a. Mailing Address: **26 3017 U.S. 27 N.**
Suite, Apt. #, etc.

4. FEI Number: **59-2685848**
Applied For: Not Applicable

22. City & State: **23 Avon Park, Fl.**
27. City & State: **28 Avon Park, Fl.**
Zip: **24 33825** Country: **25 Highlands** Zip: **29 33825** County: **30 Highlands**

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
**NEWBERRY, ALBERT B.
RT 2 BOX 626-A
AVON PARK FL 33825**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City: **FL** B5 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: _____ (Print or type name of registered agent in this space) (Print Registered Agent's name in this space) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: VSD	NEWBERRY, MARJORIE B.	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 2 BOX 626A	1.2 NAME
STREET ADDRESS	AVON PARK FL	1.3 STREET ADDRESS
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE: PTD	NEWBERRY, ALBERT B.	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 2, BOX 626A	2.2 NAME
STREET ADDRESS	AVON PARK FL	2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 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)(k), 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: *Albert B. Newberry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALBERT B. NEWBERRY

4/2/96 941/452-5174
DATE OF FILING

CR2E034 (12/95)