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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # J70682

(6)

Principal Place of Business 1. Corporation Name Performance Pumping, Inc. Principal Place of Business Mailing Address						(1864) A Birk (Ban) Baka Anak	0(12 4(3) 0(0))		ilki Glari Alari Mar
1255 CHAFFEE ROAD SOUTH 1255 CHAFFEE ROA JACKSONVILLE FL 32221 JACKSONVILLE FL									
					3. Date Incorporated or Qualified 3a. Date of Last Report 05/04/1987 06/29/1995			,	
2. Principal Pla 21	ace of Business	28. Mailing Address	├ ,			4. FEI Number 59-2533963	Applied For Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
23	?	Oity & State			Election Campaign Financing Trust Fund Contribution		\$5.0	0 May Be	
Zip 24	Country 25	Z _I p	Cou	ntry		B. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	9, Name and Address of Curr					10. Name and Address of New Registered Agent			
PETTY, RANDY 1255 CHAFFEE ROAD SOUTH JACKSONVILLE FL 32221				81 82 83 84	Name Street Addre	ess (P.O. Box Number is Not Acceptab		85 Zip	o Code
11. Pursuant t or register familiar wit SIGNATURE	harm to have	•				ation submits this statement for the pur d of directors. I hereby accept the appointment of the purpose of the	pose of cha pointment as	inging its re registered	egistered office agent I am
12.	OF HICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	RS IN 12
TITLE	P	•						Change	Addition
NAME PETTY, RANDY STREET ADDRESS 1255 CHAFEE ROAD SOUTH			1.2 NAME 1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	JACKSONVILLE FL	□ DELETE	1401		- Z:P			7.65	
NAME			2 1 T! 2 2 NA				L	☐ Change	☐ Addition
STREET ADDRESS					ADDRESS				
CITY-SY-ZIP			2 4 011						
TITLE		☐ DELETE	3 1 1				·	Change	Add-tion
NAME			3 2 NA	ME					_
STHEET ADDRESS			3.3 ST	REET.	ADDRESS				
CITY - ST - ZIP			3 4 017	Y-SI	- 218				
TITLE		DELETE	4 1 Ti	ll.			Ε	Change	Addition
NAME			4.2 NA						
STREET ADDRESS			4351	HEE! A	NOORESS				
CITY - ST - ZIP		El pro ere	4 4 CIT		- <u>ZI</u> 2				
TITLE		DELETE	5) TI] Change	Addition
NAME			5.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4.01		- ZIP			7.05	
NAME		L) occur	6 1 T:1				L	Change	☐ Addition
STREET ADDRESS			6 2 NA		ppacee				
CHTY-ST-ZIP					DDRESS				
	certify that the information supplies	with this files is voluntarily furni	6 4 CIT	1-51	not ought (s	We a corotion state dis Costs - 170	37:37.	10000	

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 truete 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: Canga F. Paristed Name of Signing Officer on Director

4/33/76 904-783.8260 Daylor From 1