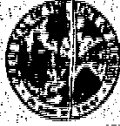


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/3/96: \$275 (IF DISSOLVED, DEFERRED AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 AUG -9 PM 2:31

DOCUMENT # L48878 (7)
 1. Corporation Name
J & B PUMP INDUSTRIES, INC.

Principal Place of Business Mailing Address
 PO BOX 396 PO BOX 396
 ALVA FL 33920 ALVA FL 33920
 US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/05/1990		3a. Date of Last Report 05/01/1994	
4. FEI Number 65-0171553		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address			
21		22		23		24	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		City & State		City & State	
25		26		27		28	
Zip		Country		Zip		Country	
29		30		31		32	

9. Name and Address of Current Registered Agent
**BUTLER, GAREY F.
 HUMPHREY & KNOTT, P.A.
 1625 HENDRY ST., STE. 301
 FT. MYERS FL 33901**

10. Name and Address of New Registered Agent
 81 Name **Leigh A. Adams**
 82 Street Address (P.O. Box Number is Not Acceptable)
17331 Rewis Dr.
 83 **Box 396**
 84 City **Alva** FL 85 Zip Code **33920**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 *Leigh A. Adams* **Leigh A. Adams - President** **8/3/95**
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, LEIGH A.	1.2 NAME	
STREET ADDRESS	17331 REWIS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MICHELE N.	2.2 NAME	
STREET ADDRESS	17331 REWIS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	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 110.07(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: *Leigh A. Adams* **President** **8/3/95** **941 728-2205**
Signature (typed or printed name of signing officer or director) DATE Daytime Phone #

CR2E034 (3/95)