


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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M04882 (0)					
1. Corporation Name D & D PUMPING, INC.					
Principal Place of Business ROUTE 1 - BOX 230 MARATHON FL 33050			Mailing Address ROUTE 1 - BOX 230 MARATHON FL 33050-9801		
2. Principal Place of Business 21 57500 Morton St. Suite, Apt. #, etc. 22 City & State 23 Marathon, FL Zip Country 24 33050 25 USA		2a. Mailing Address 26 57500 Morton St. Suite, Apt. #, etc. 27 City & State 28 Marathon, FL Zip Country 29 33050 30 USA		3. Date Incorporated or Qualified 09/07/1984 3a. Date of Last Report 01/29/1996 4. FEI Number 59-2449514 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 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent EVANS, DENISE ROUTE 1, BOX 230 MARATHON FL 33050			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 57500 Morton St. 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 Denise Evans 1/15/97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, DONALD A.		1.2 NAME		
STREET ADDRESS	ROUTE 1, BOX 230		1.3 STREET ADDRESS	57500 Morton St.	
CITY - ST - ZIP	MARATHON FL		1.4 CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, DAVED L.		2.2 NAME	EVANS, David L.	
STREET ADDRESS	8048 PORPOISE DR.		2.3 STREET ADDRESS		
CITY - ST - ZIP	MARATHON FL		2.4 CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, DENISE M.		3.2 NAME		
STREET ADDRESS	ROUTE 1, BOX 230		3.3 STREET ADDRESS	57500 Morton St.	
CITY - ST - ZIP	MARATHON FL		3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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: Denise Evans			1/15/97 305 7435683		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)