

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90063 012 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M80633

1. Corporation Name

BEST PUMP & MOTOR REPAIR, INC.

Principal Place of Business

C/O BARBARA TABOR
4404 LITHIA ROAD
VALRICO FL 33594

Mailing Address

C/O BARBARA TABOR
4404 LITHIA ROAD
VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1988

4. FEI Number

59-2889019

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

9413 Hwy 301 S.

City & State

Riverview

Zip

FL 33569

Country

USA

2a. Mailing Address

26

Suite, Apt. #, etc.

9413 Hwy 301 S.

City & State

Riverview

Zip

FL 33569

Country

USA

9. Name and Address of Current Registered Agent

TABOR, BARBARA
4404 LITHIA ROAD
VALRICO FL 33594

10. Name and Address of New Registered Agent

81

Name

Tabor Barbara

82

Street Address (P.O. Box Number is Not Acceptable)

9204 River Cove Dr

83

84

City

Riverview

FL

85

Zip Code

33569

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

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	VD	<input type="checkbox"/> DELETE
NAME	TABOR, ROBERT M.	
STREET ADDRESS	4404 LITHIA RD.	
CITY-ST-ZIP	VALRICO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BARBAR, TABOR	
STREET ADDRESS	4404 LITHIA RD	
CITY-ST-ZIP	VALRICO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAYLES, TROY	
STREET ADDRESS	4404 LITHIA RD	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tabor Robert	
1.3 STREET ADDRESS	9204 River Cove Dr	
1.4 CITY-ST-ZIP	RIVERVIEW FL 33569	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Barbara Tabor	
2.3 STREET ADDRESS	9204 River Cove Dr.	
2.4 CITY-ST-ZIP	RIVERVIEW FL 33569	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sayles Troy	
3.3 STREET ADDRESS	2115 Ridgemoor	
3.4 CITY-ST-ZIP	VALRICO FL 33594	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-99 813-677 6413

CR2E034 (11/98)