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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M86922

CITY-ST-ZIP

CENTRAL FLORIDA PUMP & MOTOR SERVICE, INCORPORAT ED

Principal Place	of Business	Mailing Address				1				
315 W. GRANT ST		C/O CHARLES S. JAKULEWICZ								
uņit n		4316 INWOOD LANDING	DR.				DO NOT WRI	TE IN THIS	SPACE	
ORLANDO FL 32806		ORLANDO FL 32812			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
US										
		T					06/24/1988		(-)	noticed For
2. Principal Pla	ace of Business	2a. Mailing Address				4.	FEI Number		<u> </u>	pplied For
21		26					59-2897499			ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	بده د			5.	Certifcate of Status Desired *	□ `		Additional equired
22		27								
City & State	9	City & State				6.	Election Campaign Financing		-	May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	untry		8.	This corporation owes the curr	ent year Int		<u></u>
24	25	29	30				Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New F	Registered	Agent	
				81	Name					
	JLEWICZ, CHARLES S.			82	Street A	ddraee (P	O. Box Number is Not Accepta	able)		 -
4316 INWOOD LANDING DR. ORLANDO FL 32812				02	Succia	eet Address (F.O. Dox Namber is Not Acceptable)				
				83						
				Ш						
			,	84	City			FL	. 85 Zip	Code
11 Pursuant I	to the provisions of Sections 607.0502	and 607.1508, Florida State	utes, the a	above	a-named c	orporation	submits this statement for the	purpose of	changing it	s registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was	authonze	ด ถึง	the corpor	ation's bo	pard of directors. I hereby accep	pt the appoi	ntment as r	egistered
SIGNATURE				_						{
Signature, typed or printed name of registered agent and title if applicable.			E: Registered Agent signature requi				DATE	ID DIDECT	OBC IN 12	
12.		DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN		
TILE	PSTD	DIRECTORS DELETE	13. 1.1 Ti				ADDITIONS/CHANGES TO OF	FICERS AN	Change	
	PSTD JAKULEWICZ, CHARLES S.		1,1 T				ADDITIONS/CHANGES TO UP	FICERS AN		
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TITLE NAME	PSTD JAKULEWICZ, CHARLES S.		1.1 TI 1.2 N 1.3 S	ITLE IAME		,	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	☐ Addition
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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.

6.4 CITY-ST-ZIP

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90043 017 ***150.00