

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

FILED

Apr 09 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 # P26994

(4)

1. Corporation Name

PUMP AND SAVE, INC.

Principal Place of Business

1770 ELLIS AVENUE  
SUITE 200  
JACKSON MS 39204-3613  
US

Mailing Address

1770 ELLIS AVENUE  
SUITE 200  
JACKSON MS 39204-3613  
US



3. Date Incorporated or Qualified

11/21/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

64-0779730

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HILL, LARRY  
MOORE, HILL & WESTMORELAND  
SUN BANK TOWER, 220 W. GARDEN ST.  
PENSACOLA FL 32598-1792

10. Name and Address of New Registered Agent

81 Name

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HOLMAN W H JR	
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200	
CITY-ST-ZIP	JACKSON MS	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOLMAN III, W. H.	
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200	
CITY-ST-ZIP	JACKSON MS	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRIQU, ROGER P.	
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200	
CITY-ST-ZIP	JACKSON MS	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	BLACK, DAVID R	
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200	
CITY-ST-ZIP	JACKSON MS	
TITLE	TC	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, EARL D	
STREET ADDRESS	1770 ELLIS AVENUE SUITE 200	
CITY-ST-ZIP	JACKSON MS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ESSARY, DAVID K.	
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200	
CITY-ST-ZIP	JACKSON MS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T/C
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

Date

(601) 965-8600

Daytime Phone #

CR2E034 (9/96)