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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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 11/21/1989  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 64-0779730  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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 (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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	T/C <input checked="" 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 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: *David R Black* (DAVID R BLACK) 3/31/97 (601) 965-8600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)