

FILE NOW: FILING FEE AFTER MAY 18T IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #
 1. Corporation Name: **PUMP AND SAVE, INC.** **P26994**

Principal Place of Business: **1770 Ellis Avenue Suite 200 Jackson, MS 39204**
 Mailing Address: **Post Office Box 3409 Jackson, MS 39207-3409**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	November 21, 1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		64-0779730	
24	25	28	29	30	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324				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.

300002527703
-05/18/98--01076--052
*****150.00**

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	C/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Friou, Roger P.		1.2 NAME	Holman, W. H. Jr.	
STREET ADDRESS			1.3 STREET ADDRESS	1770 Ellis Ave., Suite 200	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Jackson, MS 39204	
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Essary, David K.		2.2 NAME	Julian, Michael E.	
STREET ADDRESS			2.3 STREET ADDRESS	1770 Ellis Ave., Suite 200	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Jackson, MS 39204	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME	Johnson, Ronald E.	
STREET ADDRESS			3.3 STREET ADDRESS	1770 Ellis Ave., Suite 200	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Jackson, MS 39204	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	Holman, W. H. III	
STREET ADDRESS			4.3 STREET ADDRESS	1770 Ellis Ave., Suite 200	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Jackson, MS 39204	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	Cannada, R. Barry	
STREET ADDRESS			5.3 STREET ADDRESS	1770 Ellis Ave., Suite 200	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Jackson, MS 39204	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	SrV/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	Black, David R.	
STREET ADDRESS			6.3 STREET ADDRESS	1770 Ellis Ave., Suite 200	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jackson, MS 39204	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 treasurer or a duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed or created) along with an address.

SIGNATURE: _____ 4/27/98 (601) 346-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

Handwritten initials and date: **12/15**