

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90002 009 ***158.75

DOCUMENT # P35928

1. Entity Name
SOUTHERN PUMP & TANK COMPANY



Principal Place of Business

**4800 N. GRAHAM ST.
CHARLOTTE, NC 28269 US**

Mailing Address

**P.O. BOX 31516
CHARLOTTE, NC 28231**

54024342



03092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-0408360

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	TEW, CHARLES E
STREET ADDRESS	4800 N. GRAHAM ST.
CITY - ST - ZIP	CHARLOTTE, NC 28269
TITLE	D
NAME	LEVENTIS, HARRY
STREET ADDRESS	4800 N. GRAHAM ST.
CITY - ST - ZIP	CHARLOTTE, NC 28269
TITLE	D
NAME	CLOSSON, CHARLES T JR
STREET ADDRESS	4800 N. GRAHAM ST.
CITY - ST - ZIP	CHARLOTTE, NC 28269
TITLE	S
NAME	SAMWAYS, SANDRA
STREET ADDRESS	4800 N. GRAHAM ST.
CITY - ST - ZIP	CHARLOTTE, NC 28269
TITLE	Treasurer
NAME	Michael Griffin
STREET ADDRESS	4800 N. Graham St.
CITY - ST - ZIP	Charlotte, NC 28269
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael W. Griffin
Michael W. Griffin

Date

3-25-04

Daytime Phone #

704-599-7876