2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P35928

1. Entity Name
SOUTHERN PUMP & TANK COMPANY

Principal Place of Business	Mailing Address
4800 N. GRAHAM ST. CHARLOTTE, NC 28269 US	P.O. BOX 31516 CHARLOTTE, NC 28231

02172005 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000251802
03/04/05-80065-018 158.75

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	T
NAME	GRIFFIN, MICHAEL
STREET ADDRESS	4800 N. GRAHAM ST.
CITY-ST-ZIP	CHARLOTTE, NC 28269
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Treasurer 3-2-05 704-596-9373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #