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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P93000038725 (6)

## FILED Feb 16 1998 8:00am Secretary of State

TAMPA PUMP & PRESSURE, INC. Principal Place of Business Mailing Address **3306 LYKES AVENUE** P.O. BOX 23208 TAMPA FL 33609 **TAMPA FL 33623** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/01/1993 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 21 59-3181552 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name SARGENT, STEPHEN D 3306 LYKES AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33609** 83 City 84 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 punied name of regetimed agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change \_\_\_ Addition SARGENT, STEPHEN, D NAME 1.2 NAME 3306 LYKES AVENUE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33609** 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DILETE 2.1 TITLE Change Addition NAME SARGENT, JULIE G 2.2 NAME 3308 LYKES AVENUE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33609 CITY-S1-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 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 of the receiver outrustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or in an aria himself with an appears.

SIGNATURE:

2/5/98

(813) 873-8700