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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000084310 (9)

PERFORMANCE PUMPS, INC.

FILED Mar 02 1998 8:00am Secretary of State



321 OLEANDER WAY CASSELBERRY FL 32707 US		321 OLEANDER WAY CASSELBERRY FL 32707 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/16/1994
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-32 12801 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27				5. Certificate of Status Desired Section Fee Required
City & State		City & State				B. Election Campaign Financing Trust Fund Contribution Added to Fees
Zip Country 24 25		7ip	├─┐ ' ├─ ┐ '			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
CORRENTE, CARMEN F.				B1	Name	
444 SEABREEZE BLVD. SUITE 500			ļ	B2	Street Add	dress (P.O. Box Number is Not Acceptable)
	YTONA BEACH FL 32118		į.	В3		
			ŀ	B4	City	FI 85 Zip Code
SIGNATURE	orgistered agont, or both, in the State m familiar with, and accept the oblig Signature, typed or printed harve of registered ag					rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AN	ID DIRI CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	\$	☐ DELETE	1.1 TITL	E.		Change Addition
NAME	SHARE, BRADLEY F		1.2 NAN	AE.		
STREET ADDRESS	321 OLEANDER WAY		1.3 STR	EET A	ADDRESS	·
CITY-ST-ZIP	CASSELBERRY FL		14 CITY-5		- ZIP	
TITLE	V	☐ DELFTE	21 TITL	E.		☐ Change ☐ Addition
NAME	HUMMER, DALE	•		2 2 NAME		
STREET ADDRESS	321 OLEANDER WAY		2.3 STREET ADDRESS			
CITY-S1-ZIP	CASSELBERRY FL 32707	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		i- ZIP	Change Addition
TITLE	ts Share, Bradley F.					
NAME STREET ADDRESS	321 OLEANDER WAY		3 2 NAME 3 3 STREET ADDRESS		IDUBECC	
CITY-ST-ZIP	ALAAM BERNY EL		34. CIT			
TITLE	T	DELETE	4 1 TITL			Change Addition
NAME	CRUIT, EDWIN	T. EDWIN		ME		
STREET ADDRESS			4.3 SfR	4.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 44		4.4 CITY	Y- ST	- ZIP	
TITLE	☐ DELETE 511		5 1 TITL	.E		Change Addition
NAME			5 2 NAM	Æ		
STREET ADDRESS			5.3 STR	EET A	ADORESS	
CITY-ST-ZIP			54 CITY		- ZIP	
TITLE		☐ DELETE	6 1 TITL	.Е		Change Addition
NAME			6 2 NAM			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			6.4 CIT	Y-ST	- ZIP	

Thereby 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

2/14/90