SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000086186 (1)**

1. Corporation Name
QUALITY HOSE AND PUMP SUPPLY, INC.

Principal Place of Business	Mailing Address
24 S. BREVARD AVE. ARCADIA FL 33821	22 S. BREVARD AVE ARCADIA FL 33821 US

3. Date Incorporated or Qualified: 11/18/1994
3a. Date of Last Report: 08/11/1995

2. Principal Place of Business
21 5289 N.E. Hwy 17
Suite, Apt. #, etc. 22
City & State 23 ARCADIA, FL.
Zip 24 34266 Country 25

2a. Mailing Address
26 P.O. Box 1846
Suite, Apt. #, etc. 27
City & State 28 Arcadia, FL.
Zip 29 34265 Country 30

4. FEI Number: 65-0538401 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCKIBBEN, JEFF J
106 S. 5TH AVE.
SUITE B
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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] President 7/19/96
Signature, typed or printed name of the person signing, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	WILLIAMS, WADE L		1.2 NAME	Wade L. Williams	
STREET ADDRESS	6774 N.E. MOORE AVE.		1.3 STREET ADDRESS	P.O. Box 1846 - NA	
CITY-ST-ZIP	ARCADIA FL 33821		1.4 CITY-ST-ZIP	ARCADIA, FL 34265	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	WOOD, MARY		2.2 NAME	Mary Wood	
STREET ADDRESS	5289 N.E. HIGHWAY 17		2.3 STREET ADDRESS	5289 N.E Hwy 17	
CITY-ST-ZIP	ARCADIA FL		2.4 CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	WILLIAMS, CHRYSTAL K		3.2 NAME	Chrystal K. Williams	
STREET ADDRESS	6774 N.E. MOORE AVE.		3.3 STREET ADDRESS	P.O. Box 1846 - NA	
CITY-ST-ZIP	ARCADIA FL 33821		3.4 CITY-ST-ZIP	Arcadia, FL. 34265	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	WILLIAMS, CHRYSTAL K		4.2 NAME	Chrystal K Williams	
STREET ADDRESS	6774 NE MOORE AVE		4.3 STREET ADDRESS	P.O. Box 1846 - NA	
CITY-ST-ZIP	ARCADIA FL		4.4 CITY-ST-ZIP	Arcadia, FL 34265	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/19/96 941-993-9925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WADE Williams