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FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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
5269 NE HWY 17 ARCADIA FL 34266 US	P O BOX 1846 ARCADIA FL 34265-1846 US

3. Date Incorporated or Qualified: 11/18/1994
3a. Date of Last Report: 07/24/1996

2. Principal Place of Business
21 3403 N.E. Appaloosa ST
Suite, Apt. #, etc.
22 ARCADIA, FL
City & State
23 34266
Zip: 24 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip: 29 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 _____ DATE
Signature, typed or printed name of registered agent 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	DD	☐ Change ☐ Addition
NAME	WILLIAMS, WADE L		1.2 NAME	Wade Williams	
STREET ADDRESS	P O BOX 1846		1.3 STREET ADDRESS	3403 N.E Appaloosa ST	
CITY-ST-ZIP	ARCADIA FL		1.4 CITY-ST-ZIP	ARCADIA, FL. 34266	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOOD, MARY		2.2 NAME		
STREET ADDRESS	5269 NE HWY 17		2.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	WILLIAMS, CHRYSTAL K		3.2 NAME	Chrystal Williams	
STREET ADDRESS	P O BOX 1846		3.3 STREET ADDRESS	3403 N.E Appaloosa ST.	
CITY-ST-ZIP	ARCADIA FL		3.4 CITY-ST-ZIP	ARCADIA, FL. 34266	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	WILLIAMS, CHRYSTAL K		4.2 NAME	Chrystal Williams	
STREET ADDRESS	P O BXO 1846		4.3 STREET ADDRESS	3403 N.E Appaloosa ST.	
CITY-ST-ZIP	ARCADIA FL		4.4 CITY-ST-ZIP	ARCADIA, FL. 34266	
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 (9/96)

14. I do 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/1/98 993 0825