

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90055 011 ***150.00

0471944

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000093066

1. Corporation Name
WAGLER BEAMS & PUMPING, INC.



Principal Place of Business
**114 DADE AVENUE
 SARASOTA FL 34232**

Mailing Address
**114 DADE AVENUE
 SARASOTA FL 34232**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/27/1994

2. Principal Place of Business
21 1325 WAGON WHEEL DR

2a. Mailing Address
26 1325 WAGON WHEEL DR

4. FEI Number
65-0550641

22 Suite, Apt. #, etc.
23 SARASOTA, FL

27 Suite, Apt. #, etc.
28 SARASOTA, FL

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

24 Zip **34240** 25 Country

29 Zip **34240** 30 Country

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**WAGLER, MARLA
 114 DADE AVENUE
 SARASOTA FL 34232**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1325 WAGON WHEEL DR
83
84 City **SARASOTA** **FL** **85 Zip Code** **34240**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PS	<input type="checkbox"/> DELETE
NAME	WAGLER, HENRY	
STREET ADDRESS	114 DADE AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	WAGLER, MARLA R.	
STREET ADDRESS	114 DADE AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1325 WAGON WHEEL DR	
1.4 CITY-ST-ZIP	SARASOTA, FL 34240	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1325 WAGON WHEEL DR	
2.4 CITY-ST-ZIP	SARASOTA, FL 34240	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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, with all other like empowered.

SIGNATURE: Henry Wagler DATE: 4/11/99 DAYTIME PHONE #: 941-317-0166

CR2E034 (11/98)