May 06, 1999 8:00 am Secretary of State

05-06-1999 90180 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000017958

1. Corporation Name

DRAINAGE PHIMPING SERVICES INC

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Principal Place		Mailing Address 1472 JORDAN HILLS COURT	——— т		1 (0.000) 1 (0.000) 10 1.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000	1021 (0018 2 5 10)	
CLEARWATER FL 33756 CLEARWATER FL 33756							
us us					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 03/03/1995		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		olied For
21		26			59-3375295		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
27							
City & State	ate City & State				6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees		
Zip	Country 25	Zip Country		itry	This corporation owes the current year Into Personal Property Tax.		□No
	9. Name and Address of Current		50		10. Name and Address of New Registered	Agent	
				81 Name		_	
BRUNSON, JOHN M			}		(D.O. D. A		
1474 JORDAN HILLS COURT			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)		}	
CLEARWATER FL 34616			83			_	
			1			T	
				84 City		85 Zip C	Code
l office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State or in familiar with, and accept the obligation	f Florida. Such change was au	es, the ab	ove-named co	rporation submits this statement for the purpose of stion's board of directors. I hereby accept the appoin	changing its	registered
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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 carporation 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

[] DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Addition

Addition

☐ Change

Change