

**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. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000092422 (1)**

1. Corporation Name

**JUPITER HOSE COMPANY**



Principal Place of Business

Mailing Address

**1440 CYPRESS DRIVE  
JUPITER FL 33469**

**1440 CYPRESS DRIVE  
JUPITER FL 33469**

3. Date Incorporated or Qualified **12/04/1995** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **STUART**

26 **3510 SW DeGgelleron Bay 6**

4. FEI Number **67-0556112** Applied For  Not Applicable

22 **3510 SW DeGgelleron Bay 6**

27 **Bay 6**

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

23 **Paum City, FL**

28 **Paum City, FL**

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

24 **34990** 25 **USA**

29 **34990** 30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POWELL, CHIP  
1440 CYPRESS DRIVE  
JUPITER FL 33469**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3510 SW DeGgelleron Bay 6**  
83 **Bay 6**  
84 City **Paum City** FL 85 Zip Code **34990**

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 **Chip Powell**  
Signature (Type name of officer or director in the applicable block)

**Director** 8/6/96  
(If the Registered Agent signature is required, type name and date)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>POWELL, CHIP</b>	
STREET ADDRESS	<b>19836 RIVERSIDE DRIVE</b>	
CITY-ST-ZIP	<b>JUPITER FL 33469</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS	<b>3510 SW DeGgelleron Bay 6</b>		
14 CITY-ST-ZIP	<b>Paum City, FL 34990</b>		
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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: **Chip Powell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/6/96** **220-7800**  
Date Printed Name

CR2E034 (3/96)