

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

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Mar 12 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 # P96000036411 (2)

1. Corporation Name
PUMPSMART, INC.



Principal Place of Business
**7050 TURTLEMOUND ROAD
 NEW SMYRNA BEACH FL 32169**

Mailing Address
**P.O. BOX 2041
 NEW SMYRNA BEACH FL 32170-2041**

3. Date Incorporated or Qualified 04/22/1996	3a. Date of Last Report
4. FEI Number 59-3376414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address P.O. Box 693	27. State Apt. #, etc.	28. City & State New Smyrna Beach FL	29. Zip 32170	30. Country Volusia
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9. Name and Address of Current Registered Agent
**PARSONS, WILLIAM A ESQ.
 2001 S. RIDGEWOOD AVE.
 SOUTH DAYTONA FL 32119**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code FL
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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 officer, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE	1.2 NAME PSTD SCHOFIELD, JOHN	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PSTD
1.3 STREET ADDRESS P.O. BOX 2041	1.4 CITY - ST - ZIP NEW SMYRNA BEACH FL 32170	1.2 NAME John P. Schofield	PD. Box 2041
2.1 TITLE <input type="checkbox"/> DELETE	2.2 NAME DAVID J. BRADLEY	1.3 STREET ADDRESS NEW SMYRNA BEACH FL 32170	NEW SMYRNA BEACH FL 32170
2.3 STREET ADDRESS	2.3 STREET ADDRESS 2424 TOSCA DRIVE	1.4 CITY - ST - ZIP NEW SMYRNA BEACH, FL 32168	VD
3.1 TITLE <input type="checkbox"/> DELETE	3.2 NAME	2.4 CITY - ST - ZIP	
3.2 NAME	3.3 STREET ADDRESS	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE <input type="checkbox"/> DELETE	4.2 NAME	4.2 NAME	
4.2 NAME	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP	
5.1 TITLE <input type="checkbox"/> DELETE	5.2 NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	5.3 STREET ADDRESS	5.2 NAME	
5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	5.3 STREET ADDRESS	
6.1 TITLE <input type="checkbox"/> DELETE	6.2 NAME	5.4 CITY - ST - ZIP	
6.2 NAME	6.3 STREET ADDRESS	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	6.2 NAME	
6.4 CITY - ST - ZIP		6.3 STREET ADDRESS	

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 provided 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, unchanged, or on an attachment with an address.

SIGNATURE: **John P. Schofield** **John P. Schofield - PRES 2-19-97 904-4286823**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)