

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90084 007 ***150.00

DOCUMENT # P96000088336

1. Corporation Name

ACE PUMP AND WELL, INC.

Principal Place of Business

**10844 POINCIANA DR.
CLERMONT FL 34711**

Mailing Address

**10844 POINCIANA DR.
CLERMONT FL 34711**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1996

4. FEI Number

59-3406580

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 9840 skylark Ln
Suite, Apt. #, etc.

2a. Mailing Address

26 9840 Skylark Ln.
Suite, Apt. #, etc.

22 Groveland, Fl 34736

27 Groveland, Fl 34736

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HERRINGTON, TONY
10844 POINCIANA DR.
CLERMONT FL 34711**

10. Name and Address of New Registered Agent

81 Name

Herrington, Tony

82 Street Address (P.O. Box Number is Not Acceptable)

9840 Skylark Ln

83

84 City

Groveland

FL

85 Zip Code

34736

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE

NAME **HERRINGTON, TONY**
STREET ADDRESS **10844 POINCIANA DR.**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **DVT** ☐ DELETE

NAME **HERRINGTON, SANDRA**
STREET ADDRESS **10844 POINCIANA DR.**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DPS** ☒ Change ☐ Addition

1.2 NAME **Herrington, Tony**
1.3 STREET ADDRESS **9840 Skylark Ln**
1.4 CITY-ST-ZIP **Groveland, Fl 34736**

2.1 TITLE **DVT** ☒ Change ☐ Addition

2.2 NAME **Herrington, Sandra**
2.3 STREET ADDRESS **9840 Skylark Ln.**
2.4 CITY-ST-ZIP **Groveland,, Fl. 34736**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)