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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000075525 (0)

BOB KOVACS WELLS-PUMPS SPRINKLERS, INC.

Principal Place of Business		Mailing Addross			. i amiliaat tin rain raan date date amee dann randi diidt brita tina tina sve	1981
POST OFFICE BOX 1048 EDGEWATER FL \$2132		POST OFFICE BOX 1048 EDGEWATER FL 32132				
					DO NOT WRITE IN THIS SPACE	
Ï					3. Date Incorporated or Qualified	
					08/25/1997	
2. Principal Pi	ace of Business	2a, Mailing Address			4. FEI Number Applied	For
21		26			59-3465788 Not Apr	
Sulte, Apt.	#, etc.	Suite, Apl. #, etc.			S8 75 Addition	onal
22		[27]			5. Certificate of Status Desired Fee Require	d
City & State	•	City & State			6. Election Campaign Financing \$5.00 May	Be
23		28			Trust Fund Contribution Added to Fee	es
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intangib	le
24	25	[29]	30		Personal Property Tax due June 30. Yes No. 10, Name and Address of New Registered Agent	
	9. Name and Address of Curre	ent Registered Agent	81	Name	10, Name and Address of New Registered Agent	
	TE', SHERRY M		0.	IVANITIE		
2220 HIBISCUS DRIVE #4			82	Street A	Address (P.O. Box Number is Not Acceptable)	
EU	GEWATER FL 32141		83			
			"			
			84	City	85 Zip Code	
44 Pursuant	a the provisions of Spetions 607.0	Vi2 and 607 1508 Florida Statu	les the abou	o-pamed o	corporation submits this statement for the purpose of changing its regi	stered
I office or re	e giste red agent, or both, in the Sta	te of Florida. Such ch ance w as	authorized b	v the corp	poration's board of directors. I hereby accept the appointment as register	tered
agent La	m familiar with, and accept the obl-	gallers of, Section 607.0505, F	iorida Statute	S.		
SIGNATURE	Signature, typical or printed record of registered a	ment and tille diagnic able (NO	1E. Registered Ac	ort sonature r	required when roinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	VTD DELETE 1		1) TITLE			Addition
NAME KOVACS, SHARIE M			1.2 NAME			
STREET ADDRESS	2624 VISTA PALM DRIVE		1.3 STREE	ADDRESS		
CITY-ST-ZIP	EDGEWATER FL 32141		1.4 CRY-	ST - 73P		
TITLE	PSD	DELETE	ETE 2.1 TITLE		Change	Addition
NAME	KOVACS, ROBERT A		2.2 NAME			
STREET ADDRESS	2624 VISTA PALM DRIVE		23 STREE	I ADDRESS		
CITY-ST-ZIP EDGEWATER FL 32141		···········	2 4 CITY - S1 - ZIP			
TITLE	DELETE 3.1		3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		L. D€LETE	4.1 TITLE	İ	Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STACE	F ADDRESS		
CITY-\$T-ZIP		···-	4.4 CHY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME]			5.2 NAME	- 1		
STREET ADDRESS			5.3 STREE	1 ADDRESS		
CITY-\$1-ZIP			5.4 CITY	S1-ZIP		
TITLE		DELETE	6.1 T(1) €		Change	Addition
NAME			6.2 NAME			ļ
STREET ADDRESS			6.3 STREE	LADORESS		

14. Thereby 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 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.

MONATURE STOCK ON RITHORN SHARID M. KOWAGE 4/30/98 904-427-87/3