

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000088047 (0)

1. Corporation Name
SUBURBAN WELL AND PUMP SERVICE, INC.

Principal Place of Business
4994 VANDIVEER RD
JACKSONVILLE FL 32210-8314

Mailing Address
4994 VANDIVEER RD
JACKSONVILLE FL 32210-8314

FILED

98 NOV 16 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 P.O. Box 14485		26 P.O. Box 14485		10/10/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				59-3471745	
23 City & State		28 City & State		5. Certificate of Status Desired	
23 Jacksonville, FL		28 Jacksonville, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing	
24 32238-1485		29 32238-1485		Trust Fund Contribution	
25 Country		30 Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA		30 USA		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FISH, THOMAS H JR. 4994 VANDIVEER RD JACKSONVILLE FL 32210-8314				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FISH, THOMAS H JR.			1.2 NAME	300002691773-9		
STREET ADDRESS	4994 VANDIVEER RD			1.3 STREET ADDRESS	-11/19/98-01081-004		
CITY-ST-ZIP	JACKSONVILLE FL 32210-8314			1.4 CITY-ST-ZIP	***150.00 ***150.00		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROYAL, THOMAS D JR.			2.2 NAME	D ROYAL, THOMAS D. JR.		
STREET ADDRESS	RT 1 BOX 431			2.3 STREET ADDRESS	37 MINNESOTA AVE		
CITY-ST-ZIP	MACLENNY FL			2.4 CITY-ST-ZIP	MACLENNY FL 32063		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLORIO, TERRY CLARK			3.2 NAME	FLORIO, TERRY C		
STREET ADDRESS	PO BOX 1380 N/A			3.3 STREET ADDRESS	SHERMAN AVE		
CITY-ST-ZIP	GLEN ST. MARY FL 32040			3.4 CITY-ST-ZIP	GLEN ST MARY, FL 32040		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:

SIGNATURE RECEIVED

9-25-98

(904) 387-1420

0004827

CR2E034 (5/98)

2

P.O.Box 14485
Jacksonville, FL 32238-1485
September 14, 1998

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Filing of Annual Report

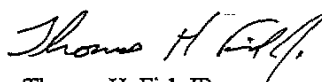
Dear Sir:

Our small company, Suburban Well and Pump Service, Inc. was incorporated in October of 1997. For the first few months our operation was rather fluid and we did not secure a permanent mailing address right away. Consequently, several vital pieces of mail, including bank statements, etc., were not received by us. I believe the first notice of the 1998 Profit Corporation Annual Report must have been another of piece of missing mail.

Being our first year of incorporation, I was unaware of all the deadlines. I have now received the second notice with the penalty. Upon calling the office in Tallahassee, I was told that if I wrote explaining why we had not filed at the appropriate time, I could include the payment of \$150.00 without the penalty this time.

Thank you for your consideration in this matter.

Yours truly,



Thomas H. Fish, JR.
Secretary

enc.