

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90109 012 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000088047

1. Corporation Name

SUBURBAN WELL AND PUMP SERVICE, INC.

Principal Place of Business

P.O. BOX 14485
JACKSONVILLE FL 32238-1485

Mailing Address

P.O. BOX 14485
JACKSONVILLE FL 32238-1485

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 37 Minnesota Avenue		26 Rte 1, Box 431		10/10/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 Macclenny, Florida		28 Macclenny, Florida		59-3471745	
24 32063		25 USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
29 32063		30 USA		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

FISH, THOMAS H JR.
4994 VANDIVEER RD
JACKSONVILLE FL 32210-8314

10. Name and Address of New Registered Agent

81 Name	Thomas D. Royal, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)	37 Minnesota Avenue
83	
84 City	Macclenny FL 32063

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 Thomas D. Royal, Jr., President

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

(NOTE: Registered Agent signature required when re-registering)

DATE

2/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FISH, THOMAS H JR. (Delete)	1.2 NAME	
STREET ADDRESS	4994 VANDIVEER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210-8314	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROYAL, THOMAS D JR.	2.2 NAME	
STREET ADDRESS	37 MINNESOTA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENY FL 32063	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FLORIO, TERRY C	3.2 NAME	
STREET ADDRESS	P.O. BOX 1380, N/A SHERMAN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST. MARY FL 32040	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Royal, Thomas D.	4.2 NAME	
STREET ADDRESS	Andrew Street (No house #)	4.3 STREET ADDRESS	
CITY-ST-ZIP	Glen St. Mary, Florida 32040	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Thomas H. Fish, Jr., V-P

Date

2-28-99

(904) 387-1420

THOMAS D. ROYAL, JR. PRES.

Thomas D. Royal, Jr. 4/21/99 (904) 259-4105

CR2E034 (1/98)