02231999-90006-020-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

99 MAR 22 AM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # P98000085436

1. Corporation Name
MARION PUMPS AND CONTROLS, INC.

Principal Place of Business	Mailing Address
1001 NORTH MAGNOLIA OCALA FL 34475	~~43 W. HANGING MOSS COURT~~ ~~BEVERLY HILLS FL 34465~~ 1001 NORTH MAGNOLIA OCALA, FLA 34475

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1001 No. MAGNOLIA AV Suite, Apt. #, etc. 22 City & State 23 OCALA FL Zip 24 34475 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 SAME City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 10/05/1998 4. FEI Number 59-3523215 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HEINZ, JOHN L 1001 NORTH MAGNOLIA OCALA FL 34475	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: W P Needham — 1-7-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO JACK HEINZ 1001 NO MAGNOLIA AVE Ocala Fl 34475 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PAT NEEDHAM 1001 No. MAGNOLIA AVE OCALA FL 34475 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. JONATHON CASS 1001 No. MAGNOLIA AVE OCALA FL 34475 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 3-25-99

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: W P Needham — 1-8-99 — 352-732-6605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

W P NEEDHAM

CR2E034 (11/98)