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Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S07277** (4)  
1. Corporation Name:  
**PANHANDLE PUMP REPAIR, INC.**



Principal Place of Business: **525 BUNKERS COVE ROAD  
PANAMA CITY FL 32401-3915**  
Mailing Address: **525 BUNKERS COVE ROAD  
PANAMA CITY FL 32401-3915**

3. Date Incorporated or Qualified: **10/17/1990**  
3a. Date of Last Report: **01/25/1996**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **59-3032128**  
Applied For: ☐  
Not Applicable: ☒

Suite, Apt. #, etc.: **22**  
Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

City & State: **23**  
City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**  
Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLIS, HAROLD  
525 BUNKERS COVE ROAD  
PANAMA CITY FL 32401**

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: **PD** ☐ DELETE  
NAME: **MILLIS, HAROLD**  
STREET ADDRESS: **525 BUNKERS COVE RD.**  
CITY - ST - ZIP: **PANAMA CITY FL**

11 TITLE: ☐ Change ☐ Addition  
12 NAME:  
13 STREET ADDRESS:  
14 CITY - ST - ZIP:

TITLE: **STD** ☐ DELETE  
NAME: **MILLIS, ANNETTE**  
STREET ADDRESS: **525 BUNKERS COVE RD.**  
CITY - ST - ZIP: **PANAMA CITY FL**

21 TITLE: ☐ Change ☐ Addition  
22 NAME:  
23 STREET ADDRESS:  
24 CITY - ST - ZIP:

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

31 TITLE: ☐ Change ☐ Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY - ST - ZIP:

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

41 TITLE: ☐ Change ☐ Addition  
42 NAME:  
43 STREET ADDRESS:  
44 CITY - ST - ZIP:

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

51 TITLE: ☐ Change ☐ Addition  
52 NAME:  
53 STREET ADDRESS:  
54 CITY - ST - ZIP:

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

61 TITLE: ☐ Change ☐ Addition  
62 NAME:  
63 STREET ADDRESS:  
64 CITY - ST - ZIP:

14. I do 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: **HAROLD MILLIS** 1-16-97 (904) 769-5922  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)