

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S26206 (0)

1. Corporation Name

COLEMAN PUMP COMPANY



Principal Place of Business

2201 CANTU CT SUITE 200
SARASOTA FL 34232
US

Mailing Address

2201 CANTU CT SUITE 200
SARASOTA FL 34232
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GAUSE, W. PEYTON, JR.
ONE SARASOTA TOWER
2 N TAMiami TRAIL
SARASOTA FL 34236

3. Date Incorporated or Qualified

01/22/1991

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0237688

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 officer 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 of person to be named as registered agent in this report

Signature of Registered Agent (signature representative of corporation)

Date

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE

NAME COLEMAN, WILLIAM P
STREET ADDRESS 4144 WESTMINSTER DR
CITY-ST-ZIP SARASOTA FL

TITLE DPST ☐ DELETE

NAME STARLING, FRED M.
STREET ADDRESS 2201 CANTU CT STE. 200
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

☐ Change

☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

☐ Change

☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

☐ Change

☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

☐ Change

☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/96

941-378-3811

CR2E034 (12/95)