

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).

APPROVED  
AND  
FILED

98 DEC -1 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMENDED

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # S-55874

1. Corporation Name

PUMP HAUS, INC.

Principal Place of Business

5000 FRUITVILLE RD.  
SARASOTA, FL. 34232

Mailing Address

5000 FRUITVILLE RD.  
SARASOTA, FL. 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/91

2. Principal Place of Business

21 5000 FRUITVILLE RD.

2a. Mailing Address

26 5000 FRUITVILLE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 SARASOTA, FL.

City & State

28 SARASOTA, FL.

Zip

24 34232

Country

25 USA

Zip

29 34232

Country

30 USA

4. FEI Number

65-0265958

Applied For

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 or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RON LEBENDIG

1010 GUN CLUB RD.

SARASOTA, FL. 34232

81 Name RON LEBENDIG

82 Street Address (P.O. Box Number is Not Acceptable)

5000 FRUITVILLE RD.

83

84 City SARASOTA

FL

85 Zip Code

34232

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)

11/20/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME President/Vice President  
STREET ADDRESS RON LEBENDIG  
CITY-ST-ZIP 1010 GUN CLUB RD.  
SARASOTA, FL. 34232

TITLE ☒ DELETE

NAME SEC/TREASURER  
STREET ADDRESS ROZAN LEBENDIG  
CITY-ST-ZIP 1010 GUN CLUB RD.  
SARASOTA, FL. 34232

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

President/Vice President  
RON LEBENDIG  
5000 FRUITVILLE RD.  
SARASOTA, FL. 34232

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3000002703343--7

-12/04/98--000711--001 Addition

\*\*\*\*\*62.25 \*\*\*\*\*62.25

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/98 (941) 379-0100

Date

Daytime Phone #

CR2E034 (5/98)