

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # S65939 (8)

1. Corporation Name  
AAA GENERATOR & PUMP, INC.

FILED  
95 JAN 27 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
14660 CEMETERY RD. 14660 CEMETERY RD.  
FT. MYERS FL 33905 FT. MYERS FL 33905

3. Date Incorporated or Qualified 07/10/1991 3a. Date of Last Report 05/10/1994  
4. FEI Number 65-0269245 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent  
CODY, BENJAMIN H.  
14660 CEMETRY RD.  
FT. MYERS FL 33905

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 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 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE P  
NAME CODY, BENJAMIN H.  
STREET ADDRESS 14660 CEMETERY RD.  
CITY-ST-ZIP FT MYERS FL  
TITLE VP.  
NAME HARD, JESSA  
STREET ADDRESS 1112 VINEYARD PL.  
CITY-ST-ZIP LEHIGH ACRES, FL. 33936  
TITLE SECRETARY.  
NAME BENEDICTA M. CODY  
STREET ADDRESS 14660 CEMETERY RD.  
CITY-ST-ZIP FT. MYERS, FL. 33905

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  
2.1 TITLE  Change  Addition  
2.2 NAME V.P.  
2.3 STREET ADDRESS HARD, JESSA  
2.4 CITY-ST-ZIP 1112 VINEYARDS PL.  
LEHIGH ACRES, FL. 33936  
3.1 TITLE  Change  Addition  
3.2 NAME SECRETARY  
3.3 STREET ADDRESS BENEDICTA M. CODY  
3.4 CITY-ST-ZIP 14660 CEMETERY RD.  
FT. MYERS, FL. 33905  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(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 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: Benjamin H. Cody 21 Jan 95 813-332-1136  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (System Through)