

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S65939** (8)  
1. Corporation Name  
**AAA GENERATOR & PUMP, INC.**



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

3. Date Incorporated or Qualified: **07/10/1991**  
3a. Date of Last Report: **01/27/1995**  
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  
10. Name and Address of New Registered Agent

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

9. Name and Address of Current Registered Agent  
**CODY, BENJAMIN H.  
14660 CEMETRY RD.  
FT. MYERS FL 33905**  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0412 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0509, Florida Statutes.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CODY, BENJAMIN H.	
STREET ADDRESS	14660 CEMETERY RD.	
CITY-ST- ZIP	FT MYERS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HERD, JESSE	
STREET ADDRESS	1112 VINEYARD PLACE	
CITY- ST- ZIP	LEHIGH ACRES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CODY, BENEDICTIL M	
STREET ADDRESS	14660 CEMETARY RD	
CITY- ST- ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 included 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 of the corporation. If I am not, I do not sign this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of or an appointment with an address.

SIGNATURE: *Benjamin H. Cody* **BENJAMIN H. CODY** 3-15-96 941-330-1136  
SIGNATURE (b) TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)