1-17-97 B- 0294 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$72664

(3)

Mailing Address

DURRANCE PUMP AND SUPPLY, INC.

864 NORTH TEMPLE AVE STARKE FL 32091		964 NORTH TEMPLE AVE STARKE FL 32091-2135							
					 Date Incorporated or Qualified 08/09/1991 	3a. Date of Last Report 04/19/1996			
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
21		26				59-3076575		N	ot Applicable
Suite, Apt	#, etc	Suite, Apt #, etc				5. Certificate of Status Desired			Additional
22		27				J. Commond of States 200		Fee R	equired
City & State	0	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Z)ρ	⊢ —	untry		8. This corporation has liability for i			s. 199.032,
24	25	29	30	· · · · ·				_ No	
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered /	Agent .	
	RANCE, RUDOLPH VANN			81	Name				
	N TAMPLE AVE			82	Street Ad	dress (P.O. Box Number is Not Acceptab	ole)		
STAI	RKE FL 32091								
				83					
				84	City			85 Zip	Code
							<u>FL</u>		
office or r	to the provisions of Sections 607.05t egistered agent, or both, in the State m famil ar with, and accept the oblig	e of Florida. Such change was	s authorize	ed by	the corpor	orporation submits this statement for the praction's board of directors. I hereby accept	ot the app	ointment as	s registered
SIGNATURE		140	DIE E SIL				DATE		
12.	Shoulan, type for printed name of requiring an COSTON RS AN	ID DIRECTORS	13.		siii signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	DPS	DELETE		FITLE		110511010,017,01020 10 01 12	<u> </u>	Change	
NAME	DURRANCE, RUDOLPH VANN		1	NAME					
STREET ADDRESS	864 N TEMPLE AVE				AODRESS				
CITY-ST Z/P	STARKE FL			DITY - S					
TILLE	VP			21 TITLE				Change	Addition
NAME	WHEELER, PAUL			NAME					
STREET ADDRESS	864 N. TEMPLE AVE.				ADDRESS				
CHTY - \$1 - ZIP	STARKE FL								
117_E	T			2. 4 CITY - ST - ZIP 3.1 TITLE				Change	Addition
NAM:	GRIFFIS, ANDY			NAME				_	
STREET ADDRESS	864 N TEMPLE AVE.				ADDRESS				
CITY - ST - ZIP	STARKE FL			-	ST-ZIP				
TITLE			4 1 TITLE				Change	Addition	
NAME			4 2	NAME	1				
STREET ADDRESS			4.3	STREET	ADDRESS				
CHY-ST ZIP				CITY-S	1				
THE		DELETE		TITLE	-		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME				NAME					
STREET ADDRESS		•			ADDRESS				
				CITY-5					
CITY-ST ZIF		DELETE		TITLE	24 20			Change	Addition
NAME				NAME				.— •-	
GIALLY ASSOCIATED					r ADDBERG				

14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this animal 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 I changed, or on an attachment with an address.