FILE NOW: FILING FEE IS \$61.25

SIGNATURE:

NONPROFIT Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (3) 766350 LIVING WATERS, INC. Principal Place of Business Mailing Address 170 INDIAN BAY DRIVE P.O. BOX 5040 3. Date Incorporated or Qualified FREEPORT FL 32439 NICEVILLE FL 32578 12/29/1982 4. FEI Number Applied For 59-2347802 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes XNo 23 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 20 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HODGES, DONALD E 62 Street Address (P.O. Box Number is Not Acceptable) 4880 HWY. 20, E. 83 NICEVILLE FL 32578-2040 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Change ☐ Addition DELETE TITLE 1 1 TITLE HOGES, DONALD E NAME 1.2 NAME CR2E037 4880 HWY. 20, E. 1.3 STREET ADDRESS STREET ADDRESS NICEVILLE, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE HODGES, PATRICIA C NAME 2.2 NAME 4880 HWY. 20, E. STREET ADDRESS 2.3 STREET ADDRESS NICEVILLE, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE FARMER, JEANNIE NAME 700 KUMQUAT AVE. STREET ADDRESS 3.3 STREET ADDRESS NICEVILLE, FL 00000 CITY-SF-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 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 of the receiver of trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed or on an attachings with an address.

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