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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 FEB 28 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 678712 (1)

1. Corporation Name

AQUARIUS WATER REFINING, INC.

Principal Place of Business	Mailing Address
5914 S.R. 674 WIMAUMA FL 33598 US	P O BOX 5533 P.O. BOX 5533 SUN CITY CENTER FL 33571 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 07/16/1980	3a. Date of Last Report: 02/16/1994
21	26	4. FEI Number: 59-2056425	☐ Applied For ☐ Not Applicable
State, Apt. #, etc. 22	State, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIXON, CHARLES F., JR. 1112 E. KENNEDY BLVD. TAMPA FL 33602	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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MIXON, CHARLES F., JR.	12 NAME	
STREET ADDRESS	1112 E. KENNEDY BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BARTHOLOMEW, CINDY	22 NAME	
STREET ADDRESS	1112 E. KENNEDY BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	GASKILL, JOSEPH	32 NAME	
STREET ADDRESS	12616 LAKE HILLS DR	33 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, MICHAEL	42 NAME	
STREET ADDRESS	6315 EDINA	43 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	GASKILL, KATHLEEN	52 NAME	
STREET ADDRESS	12616 LAKE HILLS DR	53 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	GASKILL, JOSEPH E	62 NAME	
STREET ADDRESS	12616 LAKE HILLS DR	63 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	64 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 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: Richard A. Gaskill 2/23/95 813-634-3134
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0441713 FP