I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIA L. LEPOCHAT

Electronic Signature of Signing Officer/Director Detail

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P01000117728

Entity Name: WATER-SCAAP POND & AQUARIUM PLANTS, INC.

Current Principal Place of Business:

15602 WATERSCAPES LANE PLANT CITY, FL 33566

Current Mailing Address:

P.O. BOX 1827 SEFFNER, FL 33583-1827

FEI Number: 80-0029011

Name and Address of Current Registered Agent:

LEPOCHAT, MARIA L 106 HALTON CIRCLE SEFFNER, FL 33584 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Offic

Title	PTSD	Title	VP
Name	LEPOCHAT, PIERRE	Name	LEPOCHAT, MARIA L
Address	106 HALTON CIRCLE	Address	106 HALTON CIRCLE
City-State-Zip:	SEFFNER FL 33584	City-State-Zip:	SEFFNER FL 33584

Electronic Signature of Registered Agent				
cer/Director Detail :				
	PTSD	Title	VP	
e	LEPOCHAT, PIERRE	Name	LEPOCHAT, MARIA L	
ess	106 HALTON CIRCLE	Address	106 HALTON CIRCLE	

VICE PRESIDENT

01/21/2020

FILED Jan 21, 2020 Secretary of State 1351955030CC

Date

Certificate of Status Desired: No

Date