

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 20 1998 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **276964** (4)  
1. Corporation Name  
**GULF COAST WATER CONDITIONING, INC.**

|                                                          |                                                    |
|----------------------------------------------------------|----------------------------------------------------|
| Principal Place of Business                              | Mailing Address                                    |
| <b>13075 66TH ST NORTH<br/>LARGO FL 33773-810<br/>US</b> | <b>13075 66TH ST NORTH<br/>LARGO FL 34643-1810</b> |



DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                         |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/31/1963</b>                                                                                                                  |                                                        |
| 4. FEI Number<br><b>59-1030024</b>                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                               | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                                         | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                |                        |                     |                 |
|--------------------------------|------------------------|---------------------|-----------------|
| 2. Principal Place of Business |                        | 2a. Mailing Address |                 |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 27 City & State     | 28 City & State |
| 22 City & State                | 23 Zip                 | 29 Zip              | 30 Country      |
| <b>33773-1810</b>              | <b>US</b>              | <b>33773-1810</b>   | <b>US</b>       |

9. Name and Address of Current Registered Agent  
**THOMAS, ROBERT S  
13075 66TH ST N  
LARGO FL 33773**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>PDS</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MARLOW, WILLIAM H</b>                              | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1621 GULF BLVD.</b>                                | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>CLEARWATER FL</b>                                  | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>T</b> <input checked="" type="checkbox"/> DELETE   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MARLOW, WILLIAM H</b>                              | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1621 GULF BOULEVARD</b>                            | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>CLEARWATER FL</b>                                  | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>DPST</b> <input type="checkbox"/> DELETE           | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MARLOW, JAMES H</b>                                | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>8016 S FLORENCE COURT</b>                          | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>ENGLEWOOD CO 35</b>                                | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE                       | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                       | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                       | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                       | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE                       | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                       | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                       | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                       | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE                       | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                       | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                       | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                       | 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 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, on an attachment with an address.

SIGNATURE: *James H Marlow* 1/19/98 303-830-0500

CP2E034 (10/97)