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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 304071

(4)

AQUATIC SERVICES INC

011Y - \$1 - 21P

appears in Block 12 or Block

SIGNATURE:

| | | | | | | FIEN BILLI BILL BIEN BIEN BILL BIEN | |
|---|---|--|-----------------|--------------------------------|--|--|--|
| Principal Place of Business Mailing Address | | | | | s inminn teritt Eftit mann aufert alfallt fant | Billi diffti fibit brain titti fidit ifat | |
| 415 FLAMINGO DESTIN FL 325 | | 415 FLAMINGO DR. DESTIN FL 32541-2204 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 04/15/1966 | 3a. Date of Last Report 07/15/1996 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | |
| 21 | | } ₁ | 26 | | 59-1117175 | Not Applicable | |
| Suite, Apt | #. £tc. | Suite, Apt. #, etc | | | | \$9.75 Additional | |
| 22 | | } ₁ | 27 | | 5. Certificate of Status Desired | Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | | |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees | |
| Zιp | Country | Zφ | Count | ry | 8. This corporation has liability for | intangible tax under s. 199.032, | |
| 24 | 25 | 29 | 30 | | Florida Statutes | Yes X No | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | |
| DUN | ILAPM, JOY H. | | 8 | 1 Name | | | |
| 415 FLAMINGO DR. | | | 8 | 2 Street Add | Iress (P.O. Box Number is Not Acceptal | ole) | |
| DES | TIN FL 32541 | | Ĺ | | | | |
| | | | В | 3 | | | |
| | | | 8 | 4 City | | 85 Zip Code | |
| | | | ľ | - Cny | | FL P Cocce | |
| office or r agent 1 a | to the provisions of Sections 607 05 registered agent, or both, in the Stati im familiar with, and accept the oblig | of Florida, Such change was | authorized I | by the corpora | poration submits this statement for the patients board of directors. I hereby acce | ourpose of changing its registered pt the appointment as registered | |
| SIGNATURE | Signation, Typerker pools or area of registered ag | jest and the Topp Scale INC | If Registered A | gent signature requ | ired when reinstating) | DATÉ | |
| 12. | | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTORS IN 12 | |
| TITLE | PD | DELETE | 1.1 TITLE | | | Change Addition | |
| NAME | DUNLAP, JOY H. | | 1.2 NAM | E | | | |
| STREET ADDRESS | 415 FLAMINGO DR. | | 1 3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIF | DESTIN FL | | 1.4 CiTY | -S1-ZIP | | | |
| TITLE | Vo | DELETE | 2 1 TITLE | | | Change Addition | |
| NAME | DUNLAP, JACQUELINE | | 2.2 NAM | E | | | |
| STREET ADDRESS | 415 FLAMINGO DR. | | 2.3 STRE | ET ADDRESS | | | |
| CiTY+ST-7IP | DESTIN FL | | 2. 4 CiTy | '-ST-ZIP | | | |
| TELF | | DELETE | 3.1 TITLE | | | Change Addition | |
| NAME | | | 3.2 NAM | ε [| | | |
| STREET ADDRESS | | | 3.3 STRE | ET ADDRESS | | | |
| CiTY - ST - ZIP | | | 3.4 City | '- ST- ZIP | | | |
| TITLE | | ☐ D£L£TE | 4 1 TITLE | | | Change Addition | |
| NAME | | | 4 2 NAM | IE | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | | | |
| CITY - \$1 - 7FP | | | 4.4 CiTY | | | | |
| TITLE | | ☐ DELETE | 5 1 TITUE | | | Charige Addition | |
| NAME | | | 5.2 NAM | E | | | |
| STREET ADDRESS | | | 5.3 STRE | ET ADDRESS | | | |
| City-St-7+ | | | 5.4 CITY | - ST - ZIP | | | |
| THILE | | ☐ DELETE | 6.1 1111.6 | • | | Change Addition | |
| NAME | | | 6.2 NAM | £ | | | |
| STREET ADDRESS | 1 | | 6.3 STRE | ET ADDRESS | | | |

6.4 CITY - ST-ZIP

14. I 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 armual 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

Nachment with an address