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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90153 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 304071

1. Corporation Name
AQUATIC SERVICES INC

Principal Place of Business

415 FLAMINGO DR.
DESTIN FL 32541

Mailing Address

415 FLAMINGO DR.
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1966

4. FEI Number

59-1117175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

DUNLAP, JOY H.
415 FLAMINGO DR.
DESTIN FL 32541

10. Name and Address of New Registered Agent

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

Joy H. Dunlap
 Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

4/23/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **DUNLAP, JOY H.**
 STREET ADDRESS **415 FLAMINGO DR.**
 CITY-STATE-ZIP **DESTIN FL**

TITLE **VO** ☐ DELETE

NAME **DUNLAP, JACQUELINE**
 STREET ADDRESS **415 FLAMINGO DR.**
 CITY-STATE-ZIP **DESTIN FL**

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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, with a different like empowered.

SIGNATURE:

Joy H. Dunlap
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

901 MGR.

Joy H. Dunlap
 Date: **5/8/99**

CR2E034 (11/98)