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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 742026 (8)

1. Corporation Name
ST. PETERSBURG AQUATICS, INC.

Principal Place of Business	Mailing Address
901 N. SHORE DR. NE PO BOX 510 ST PETERSBURG FL 33731-0510	901 N. SHORE DR. NE PO BOX 510 ST PETERSBURG FL 33731-0510

3. Date Incorporated or Qualified: 03/16/1978

4. FEI Number: 59-9824138 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NARDOZZI, PATRICIA
6346-27TH AVENUE NORTH
ST PETERSBURG FL 33710

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Patricia J Nardozzi PATRICIA J. NARDOZZI 1/6/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NARDOZZI, PATRICIA		1.2 NAME		
STREET ADDRESS	6346-27TH AVE NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SKAGGS, BEV		2.2 NAME		
STREET ADDRESS	2048 CAROLINA AVE NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOOTH, JODY		3.2 NAME		
STREET ADDRESS	1649 N. DAKOTA AE., NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	LANE, SANDRA		4.2 NAME	COLLEEN EGAN	
STREET ADDRESS	5014 45TH ST., N.		4.3 STREET ADDRESS	2250 MERMAID PT. NE	
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DIANNE O'BRIEN		5.2 NAME		
STREET ADDRESS	6100-51ST STREET SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SUZANNE SANCHEZ		6.2 NAME		
STREET ADDRESS	1808 BAYOU GRANDE BLVD, NE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia J Nardozzi PATRICIA J. NARDOZZI 1/6/98 (813)343-5960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #