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Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # F33666 (1)

1. Corporation Name
ERNEST WATERS & SONS, INC.

Principal Place of Business	Mailing Address
RT. 2 BOX 278 WAUCHULA FL 33873	RT. 2 BOX 278 WAUCHULA FL 33873

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1981

2. Principal Place of Business	2a. Mailing Address
21 5353 RHYNN RD	26 5353 RHYNN RD.
22 Suite, Apt. #, etc. [redacted]	27 Suite, Apt. #, etc.
23 City & State: WAUCHULA FLA	28 City & State: WAUCHULA FLA.
24 Zip: 33873 25 Country: HARDEE	29 Zip: 33873 30 Country: HARDEE

4. FEI Number: 59-2103232 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WATERS, BRYANT RT. 2 BOX 271 RHYNN RD WAUCHULA FL 33873	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 5353 RHYNN RD. 84 City WAUCHULA FL 85 Zip Code 33873

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WATERS, LARRY E P O BOX 415, HWY 441 PAHOKEE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 821 MAUDE RD. WAUCHULA FLA 33873
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PM WATERS, FRANCIS B RT 2 BOX 271 WAUCHULA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 5353 RHYNN RD WAUCHULA FLA 33873
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WATERS, MIRIAM B. RT 2, BOX 278 WAUCHULA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 821 MAUDE RD WAUCHULA FLA. 33873
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Bryant Waters E. BRYANT WATERS 4-24-98 PRESIDENT