

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F39686 (3)

1. Corporation Name

APPLIED AQUATIC MANAGEMENT, INC.



Principal Place of Business

4305 BOMBER RD  
BARTOW FL 33830  
US

Mailing Address

PO BOX 1437  
EAGLE LAKE FL 33639  
US

3. Date Incorporated or Qualified  
06/04/1981

3a. Date of Last Report  
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

9. Name and Address of Current Registered Agent

MYERS, PAUL C  
1242 EAGLE AVE., EAST  
EAGLE LAKE FL 33839

4. FEI Number

59-2100923

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

□ Yes

□ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
MYERS, PAUL C  
1242 EAGLE AVE., EAST  
EAGLE LAKE FL  
STD  
MYERS, LINDA W  
1242 EAGLE AVE., EAST  
EAGLE LAKE FL  
VP  
PHARIS, WADE L  
4323 LAUREL AVE  
HIGHLAND CITY FL  
VP  
MYERS, PAUL C. J  
1242 EAGLE AVE., E.  
EAGLE LAKE FL

□ DELETE

□ DELETE

□ DELETE

□ DELETE

□ DELETE

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
2.1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
3.1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
4.1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
5.1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
6.1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

EXECUTIVE VICE PRESIDENT/D

Change Addition

P/S/T/D

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Linda W Myers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/96

941-533-8882  
Daytime Phone #

CR2E034 (12/95)