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FILED
Feb 18 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 # F96000002101 (1)
1. Corporation Name
IVS HYDRO, INC.



Principal Place of Business Mailing Address
PO BOX 245 STATE RT 2 N PO BOX 245 STATE RT 2 N
WAVERLY WV 26184 WAVERLY WV 26184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1996

4. FEI Number

55-0529132

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME DCP
DAVIS, KENNETH R
STREET ADDRESS PO BOX 345 STATE RT 2
CITY-ST-ZIP WAVERLY WV 26184

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

N/A

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME DCV
CONAWAY, RONALD L
STREET ADDRESS PO BOX 24 STATE RT 2
CITY-ST-ZIP WAVERLY WV 26184

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

N/A

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME S
CONAWAY, JO ANN
STREET ADDRESS PO BOX 24 STATE RT 2
CITY-ST-ZIP WAVERLY WV 26184

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

N/A

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME K. R. DAVIS
STREET ADDRESS BOX 345 STATE RT 2
CITY-ST-ZIP WAVERLY WV

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

N/A

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME Director
Fred D. Clark
STREET ADDRESS 1227 Ellen Drive
CITY-ST-ZIP South Charleston, WV 25303

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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

FRED D. CLARK - DIRECTOR

1/19/98

304-464-4340

CR2E034 (10/97)