## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF COHPORATIONS

1997

DOCUMENT # G43965

(4)

AQUARIL	JS ENTERPRISES, INC.	(")			
Principal Place	of Business	Mailing Address		† 1001101 DELI DIBER (1118 10110 DIID) BI	di arbii dibii didir bidii didii didii 1884
606 E 23RD ST. PANAMA CITY FL 32405		609 E 23RD ST. PANAMA CITY FL 32405-5325			
				3. Date Incorporated or Qualified 06/16/1983	3a. Date of Last Report 07/08/1996
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-2295555	Not Applicable
Sulte, Apt. #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27			Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
3 <b>]</b> Zip	Country	<b>28</b> Zip	Country	This corporation has liability for	• • • • • • • • • • • • • • • • • • • •
4	25	29	30		Yes No
31	9. Name and Address of Current			10. Name and Address of New Ro	egistered Agent
POL	LARD,GERALDINE S.	A ST DESCRIPTION OF PERSONS AND PROPERTY OF PERSONS AND PERSONS AN	81 Name		· · · · · · · · · · · · · · · · · · ·
240 HUGH THOMAS DR.			82 Street Ad	ddress (P.O. Box Number is Not Accepta	bie)
PANAMA CITY FL 32404					
			83		
			84 City		85 Zip Code
				orporation submits this statement for the	FL   1   1   1   1   1   1   1   1   1
SIGNATURE	in familiar with, and accept the obligation of t	n and tilk Tapphoable (NOT	L: Highstoren Agent signature re	oquired when reinstation) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
TITLE	P	DELFTE	117018		Change Addition
NAME	POLLARD, GORDON M.		1.2 NAME		
STREET ADDRESS	240 HUGH THOMAS DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		14 CITY - ST - ZIP		
TITLE	ST STOLLARD OFFILINGS	DELETE	21 1816		Change Addition
NAME OTOECT ADDRESS	POLLARD, GERALDINE S. 240 HUGH THOMAS DR.		22 NAMI		
STREET ADDRESS	PANAMA CITY, FL 00000		2.3 STREFT ADDRESS		•
CITY-ST-ZIP TITLE	VD	DELETE	2. 4 CHY- ST - ZIP 3.1 TITLE		Change Addition
NAME	HARRIS, DEANNE		3.2 NAME		
STREET ADORESS	1329 LYNX TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAS CRUSES, NM.		3.4 CITY+ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T become	4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		L_ Change L_ Addition
NAME			5.2 NAMÉ		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<del></del>	DELETE	5.4 CITY - ST · ZIP 6.1 TITLE		Change Addition
NAME		Find percent	62 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	•		64 CITY-S1-ZIP		
14. I do hereb			fy for the exemption sta	ated in Section 119.07(3)(i), Florida Statut	
I am an of	n indicated on this annual report or si ficer or director of the corporation or n Block 12 or Block 13 if changed, or	the receiver or trustee empoy	vered to execute this re	that my signature shall have the same leg sport as required by Chapter 607, Florida	gal effect as it made under bath; that Statutes; and that my name

SIGNATURE: CALLUS SINGS WIND SERVED DIE S. TO MARCA 28 ADRAZ (GOD TX5-612)