FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # 1. Corporation Name WATERMAN, INCORPORATED Mailing Address Principal Place of Business 18675 PHILLIPS ROAD 18675 PHILLIPS ROAD **BROOKSVILLE FL 34609 BROOKSVILLE FL 34809** 3a. Date of Last Report 3. Date Incorporated or Qualified 06/05/1995 11/15/1983 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2346774 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Žiρ Country  $Z_{10}$ Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name WATERMAN, JEAN D. 82 Street Address (P.O. Box Number is Not Acceptable) 18675 PHILLIPS ROAD 83 **BROOKSVILLE FL 34608** Zio Code 84 City 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1 1 Tille TITLE WATERMAN, DAVID A. 1.2 NAME NAME 18675 PHILLIPS RD 1.3 STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL** 1.4 CITY - 51 ZIP Cily-ST-ZiP ☐ Change Addition ĎΡ ["] DELETE 2 1 TITLE TRUE WATERMAN, JEAN D 2.2 NAME NAME 18675 PHILLIPS RD. 2.3 STREET ADDRESS STREET ADDRESS **BROOKSVILLE, FL 00000** 2.4.011Y - \$1 - ZIP CHY-S1-ZIP Change Addition DELETE 3 1 THE TIFLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHTY - S1 - ZIP CITY - ST-ZIP Change ☐ Addition DELFIE 4 1 TITLE THILE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C:TY - ST - Z:P CITY-ST ZIP Change no-tibbA [ DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY ST-2IP CITY-ST-ZIP Change Addition DELETE 6 1 11116 TITLE

14. Lido hereby certify that the information supplies with this fling is voluntarily furnished and does not quoify 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 of changed, or on an attachment with an address.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/46 353/740-0340

CR2E034 (12/95)