FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G79773 (9)

1. Corporation Name

WATERBEDROOM LAND, INC.

WATER BEDROOM LAND, INC.

Principal Place of Business	Mailing Address
2434 FORSYTH DR P.O. BOX 574378 ORLANDO FL 32851-1378	2434 FORSYTH DR P.O. BOX 574378 ORLANDO FL 32851-1378

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/23/1984
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business	2a. Mailing Address
21 2434 Forsyth Rd	26 P.O. Box 574378
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando FL	28 City & State: Orlando, FL
24 Zip: 32807 25 Country: USA	29 Zip: 32857-4378 30 Country: USA

4. FEI Number: 59-3012586 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERSEM, THOMAS G.
400 INDIAN ROCKS RD. C
BELLEAIR BLUFFS FL 34640

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 _____ 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	P	11 TITLE	☐ Change ☐ Addition
NAME	GIFFIN, BRAD	12 NAME	
STREET ADDRESS	2434 FORSYTH RD.	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	32807
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	GIFFIN, DOUG	22 NAME	
STREET ADDRESS	2434 FORSYTH RD	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	32807
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	GIFFIN, CHERYL	32 NAME	
STREET ADDRESS	2434 FORSYTH RD	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	32807
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 above, or on an attachment with an address.

SIGNATURE: X Thomas G. Hersem TGH 4/12/95 (407) 638-0795
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

041924 FP