

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 30 1998 8:00am  
 Secretary of State

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # H29516 (2)**

1. Corporation Name  
**AQUATIC REALTY, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>17155 FRONT BCH RD<br>PANAMA CITY FL 32408-3137<br>US | Mailing Address<br>17155 FRONT BCH RD<br>PANAMA CITY FL 32408-3137<br>US |
|--|--|



DO NOT WRITE IN THIS SPACE

|  |  |   |  |  |                                    |   |  |
|--|--|---|--|--|------------------------------------|---|--|
| 2. Principal Place of Business<br>21 <u>17155 Front Bch Rd</u><br>Suite, Apt. #, etc.<br>22 <u>PANAMA City Beach, Fl</u><br>City & State<br>23<br>Zip Country<br>24 <u>32413-2370</u> 25 <u>US</u> |  | 2a. Mailing Address<br>26 <u>17155 Front Bch Rd.</u><br>Suite, Apt. #, etc.<br>27 <u>PANAMA City Beach, Fl.</u><br>City & State<br>28<br>Zip Country<br>29 <u>32413-2370</u> 30 <u>US</u> |  | 3. Date Incorporated or Qualified<br><b>11/13/1984</b> | 4. FEI Number<br><b>59-2467087</b> | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | 7. Additional Fee Required<br><b>\$8.75</b>            |                                    | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |   |  |  |  |             |  |
|--|--|---|--|--|--|-------------|--|
| 9. Name and Address of Current Registered Agent<br><b>HOLSOMBAKE, JAMES D</b><br><b>201 TIMBER LANE</b><br><b>PANAMA CITY FL 32405</b> |  |   |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |
|----------------------------|------------------------|--|---|--|--|
| TITLE                      | DP                     | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | change <input type="checkbox"/> Addition                                     |  |
| NAME                       | WITHAM, GARY P         |  | 1.2 NAME  |  |  |
| STREET ADDRESS             | 1811 W 25TH ST         |  | 1.3 STREET ADDRESS                                    |  |  |
| CITY-ST-ZIP                | PANAMA CITY FL         |  | 1.4 CITY-ST-ZIP                                       |  |  |
| TITLE                      | D                      | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | change <input type="checkbox"/> Addition                                     |  |
| NAME                       | CRIARD, CHARLES R.     |  | 2.2 NAME  |  |  |
| STREET ADDRESS             | 16812 INNOCENTE AVENUE |  | 2.3 STREET ADDRESS                                    |  |  |
| CITY-ST-ZIP                | PANAMA CITY FL         |  | 2.4 CITY-ST-ZIP                                       |  |  |
| TITLE                      |                        | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                        |  | 3.2 NAME  |  |  |
| STREET ADDRESS             |                        |  | 3.3 STREET ADDRESS                                    |  |  |
| CITY-ST-ZIP                |                        |  | 3.4 CITY-ST-ZIP                                       |  |  |
| TITLE                      |                        | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                        |  | 4.2 NAME  |  |  |
| STREET ADDRESS             |                        |  | 4.3 STREET ADDRESS                                    |  |  |
| CITY-ST-ZIP                |                        |  | 4.4 CITY-ST-ZIP                                       |  |  |
| TITLE                      |                        | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                        |  | 5.2 NAME  |  |  |
| STREET ADDRESS             |                        |  | 5.3 STREET ADDRESS                                    |  |  |
| CITY-ST-ZIP                |                        |  | 5.4 CITY-ST-ZIP                                       |  |  |
| TITLE                      |                        | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                        |  | 6.2 NAME  |  |  |
| STREET ADDRESS             |                        |  | 6.3 STREET ADDRESS                                    |  |  |
| CITY-ST-ZIP                |                        |  | 6.4 CITY-ST-ZIP                                       |  |  |

President  
 Briard, Betty A.  
 16812 Innocente Ave.  
 Panama City Beach, Fl 32413  
 Director  
 Witham, Suzanne W.  
 4631 Schooner Lane  
 Lynn Haven, Fl. 32444  
 Director  
 Holsombake, Marsha J.  
 201 Timber Lane  
 Panama City, Fl 32405

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: Suzanne W. Witham 7-28-98 850 235-3330

CR2E034 (5/98)