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

FILED PROFIT Jun 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H39909 WATER SPOTS, INC. Principal Place of Business Mailing Address % WILLIAM P. NICHOLS % WILLIAM P. NICHOLS 308 S.E. 39TH AVENUE 308 S.E. 39TH AVENUE DO NOT WRITE IN THIS SPACE OCALA FL 34471 OCALA FL 34471 3. Date Incorporated or Qualified 01/28/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 107 NE 1ST AVE 59-2492110 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired X 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 OCALA, FL Trust Fund Contribution \Box Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 29 34470 25 **USA** 30 Personal Property Tax due June 30. Yes Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NICHOLS, WILLIAM P. 308 S.E. 39TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) OCALA FL 32671 83 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 roinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE ĎΡ 1.1 TITLE Change Addition NICHOLS, WILLIAM P. JR. NAME 1.2 NAME **308** S.E. 39TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **OCALA FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE D٧ 2.1 TITLE ☐ Change Addition NAME NICHOLS, WILLIAM P. 2.2 NAME STREET ADDRESS 308 S.E. 39TH AVENUE 2.3 STREET ADDRESS OCALA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME NICHOLS, V. MURIEL 3.2 NAME STREET ADDRESS 308 S. E. 39TH AVENUE 3.3 STREET ADDRESS **OCALA FL** CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME NICHOLS, PAMELA D. 4. 2 NAME STREET ADDRESS 308 S. E. 39TH AVENUE 4.3 STREET ADDRESS CITY-ST-ZIP **OCALA FL** 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 Cf1 Y - 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

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