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Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H90895

(4)

1. Corporation Name

THE AQUEON CORPORATION

Principal Place of Business

9100 ELLIS RD.  
UNIT C  
MELBOURNE FL 32904  
US

Mailing Address

9100 ELLIS RD.  
UNIT C  
MELBOURNE FL 32904-1037  
US



2. Principal Place of Business

21 2280 AVACADO AVE.

Suite, Apt. #, etc.  
12-B

City & State  
MELBOURNE, FL

Zip Country  
32935 USA

2a. Mailing Address

26 2280 AVACADO AVE.

Suite, Apt. #, etc.  
12-B

City & State  
MELBOURNE, FL

Zip Country  
32935 USA

3. Date Incorporated or Qualified  
12/19/1985

3a. Date of Last Report  
05/01/1996

4. FEI Number

59-2618207

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

THALLER, WILLIAM A.  
1079 ELLEN DR.  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

THALLER, WILLIAM A.

82 Street Address (P.O. Box Number is Not Acceptable)

115 HICKORY ST. #205

83

84 City

MELBOURNE

FL

85 Zip Code

32904

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME THALLER, WILLIAM A.  
STREET ADDRESS 1079 ELLEN DR.  
CITY-ST-ZIP MELBOURNE FL

TITLE VTD  
NAME DENICOLA, JOHN J.  
STREET ADDRESS 3432 HEARTWOOD LANE  
CITY-ST-ZIP MELBOURNE FL

TITLE VD  
NAME RYAN, DAVID F.  
STREET ADDRESS 2138 SMATHERS CIR, N.  
CITY-ST-ZIP MELBOURNE FL

TITLE VD  
NAME TAMMY M. CECEIL  
STREET ADDRESS 711 WING FOOT LA.  
CITY-ST-ZIP MELBOURNE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VSD  
1.2 NAME THALLER, WILLIAM A.  
1.3 STREET ADDRESS 115 HICKORY ST. #205  
1.4 CITY-ST-ZIP MELBOURNE, FL 32904

2.1 TITLE PTD  
2.2 NAME DE NICOLA, JOHN J.  
2.3 STREET ADDRESS 3432 HEARTWOOD LANE  
2.4 CITY-ST-ZIP MELBOURNE, FL 32934

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: *John J. De Nicola*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

407-952-3922

Date

Daytime Phone #

CR2E034 (9/96)