

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J91292** (9)

1. Corporation Name

FLOW WATERJET FLORIDA CORPORATION

Principal Place of Business

**23500 - 64TH AVENUE SOUTH
KENT WA 98032**

Mailing Address

**23500 - 64TH AVENUE SOUTH
KENT WA 98032**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/04/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0016972	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

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

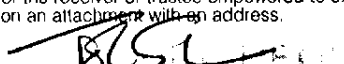
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TARRANT, RONALD W	1.2 NAME	
STREET ADDRESS	23500 64TH AVENUE, SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENT WA 98032	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LENESS, JOHN S	2.2 NAME	
STREET ADDRESS	23500 64TH AVENUE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENT WA 98032	2.4 CITY-ST-ZIP	
TITLE	VPCO ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CROSS, THOMAS A	3.2 NAME	
STREET ADDRESS	23500 64TH AVENUE, SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	KENT WA 98032	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NITTINGER, ROBERT	4.2 NAME	
STREET ADDRESS	530 MOON CLINTON ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAOPOLIS PA 15108	4.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WINKLER, PATRICK	5.2 NAME	
STREET ADDRESS	530 MOON CLINTON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAOPOLIS PA 15108	5.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RACCHINI, ROBERT L	6.2 NAME	
STREET ADDRESS	530 MOON CLINTON ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAOPOLIS PA 15108	6.4 CITY-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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE



2/2/98

1253/
850-3500

CR2E034 (10/97)