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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L59183

(8)

H2O RENTALS,	INC.

FILED Apr 21 1997 8:00am Secretary of State



Principal Prace of Business Mailing Address MARINA AT BLUEWATER BAY MARINA AT BLUEWATER BAY 300 YACHT CLUB DR. 300 YACHT CLUB DR.								
300 YACHT CI NICEVILLE FL		300 YACHT CLUB DR. NICEVILLE FL 32578-4127		Date Incorporated or Qualified				
					03/19/1990	03/	05/1996	
–₁ ·	Pace of Business	2a. Mailing Address		بغسم رس	4. FEI Number			plied For
1	и	26 MARINA A	at bu	75000	59-3004352			t Applicable
Surte, Apt	#, £10	Suite, Apt #, etc. 27 P.O. BO	(128		5. Certificate of Status Desired		\$8.75 A	
City & Sta	0	City & State	e c	-,	6. Election Campaign Financing		\$5.00	
3 	Country	28 NICEVILL	CO.	intry	Trust Fund Contribution		Added t	
4]	25	29 32578	30	,	8. This corporation has liability to Florida Statutes	ir intangible ∐Yes [199.032,
<u>-1</u>	9. Name and Address of Current		1991		10. Name and Address of New F			
	ELY, R. SCOTT			81 Name	INELY P Som	_		
449	6 PARKWOOD LANE WEST			82 Street Ad	INELY R SCOT Idress (P.O. Box Number is Not Accept	able)	·····	
NIC	EVILLE FL 32578				420 DUNCAN D	<u> R.</u>		
				83				
				84 City	JICEVILLE		85 Zin (Code
32 7. T.	10.11.20.007.01.00		l des des el		orporation submits this statement for the	FL	54	9/0
office or	registered agent, or both, in the State	of Florida. Such change wa	as authorize	d by the corpor	ration's board of directors. I hereby acc	ept the app	ointment as	registered
SIGNATURE	Screature: Typed or pented name of eig stand ager OFFICERS AND	DIRECTORS	NOTE Registere	d Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND		
TILE	D	DELETE.	1.1 70	TLE			Change	Addition
MI	OWENS, CLYDE A.		1.2 N	AME				L. J Additio
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HY-SI-7IP	A			TREET ADDRESS				L.) Addido
	GAINESVILLE FL 32607	Dr. eee	1.3 S	TY-ST-ZIP	·	···-	T 04	
	D	☐ DELETE	1.3 S 1.4 C 2.1 Ti	TLE		. 	Change	
IVME	D HINELY, SCOTT , R	DELETE	1.3 S 1.4 C 2.1 Ti 2.2 N/	TLE AME		· 	Change	
NAME Street Ladoress	D HINELY, SCOTT , R 4496 W PARKWOOD LANE	☐ DELETE	1.3 S 1.4 Cl 2.1 Tl 2.2 N/ 2.3 Si	TLE AME TREET ADDRESS		······································	Change Change	
NAME STREET ADORESS CITY-ST-ZIP	D HINELY, SCOTT , R	☐ DELETE	1.3 S 1.4 Cl 2.1 Tl 2.2 N/ 2.3 S' 2.4 C	TY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP				Additio
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NAME STREET ADORESS CHY-ST-ZIP FILLE NAME	D HINELY, SCOTT , R 4496 W PARKWOOD LANE		1.3 S 1.4 Cl 2.1 Ti 22 Ni 2.3 S 2.4 C 3.1 Ti 3.2 Ni	ITY-ST-ZIP TLE AME TREEL ADDRESS CITY-ST-ZIP TLE				Additio
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NAME STEEL LADGE SS CHY-ST-ZIP UTLE NAME STREEL A'DOESS CHY-ST-ZIP UTLE NAME	D HINELY, SCOTT , R 4496 W PARKWOOD LANE	☐ DELETE	1.35' 1.4 CI 2.1 TI 22 N/ 2.3 S' 2.4 C 31 TI 32 N/ 33 S' 3.4 C 4.1 TI 4.2 N/	ITY-ST-ZIP TILE AAME TREEI ADDRESS CITY-ST-ZIP TILE AAME IREET ADDRESS CITY-ST-ZIP TILE			Change	Additio
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14. If do hereby certify that the information supplied with this filling 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 eath; 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 13 if chapters, or on an attachment with an address.

6.4 CITY - \$T - ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ACCURESS