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 Sep 24 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** L59183 (8)H2O RENTALS, INC. Principal Place of Business Malling Address MARINA AT BLUEWATER BAY MARINA AT BLVEWATER BAY 300 YACHT CLUB DR. PO BOX 128 NICEVILLE FL 32578 NICEVILLE FL 32578 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/19/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For BLUEWATER HIGH&DRY 59-3004352 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired 4225 WARD COVE DRIVE Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing NICEVILLE, 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Country 32578 30 OKAL005A 25 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HINELY, SCOTT R 2420 DUNCAN DR Street Address (P.O. Box Number is Not Acceptable) **NICEVILLE FL 32578** 83 84 City 85 Zip Code 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE Change Addition OWENS, CLYDE A. NAME 1.2 NAME 2310 SW 110TH TERR STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL 32607** CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE ☐ Change HINELY, SCOTT, R HINELY, SCOTT, R NAME 2.2 NAME 4496 W PARKWOOD LANE 2420 DUNCAN DR. STREET ADDRESS 2.3 STREET ADDRESS NICEVILLE FL NICEVILLE, FL. 32578 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITLE DELETE L Change L Addition 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE __ DELETE Change Addition

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 is changed, or on an attaching mythan address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

EQUIRED.

(2/38)CR2E034