

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M70276 (4)**
1. Corporation Name
H2OLOGY INC.



Principal Place of Business
**8286 WESTERN WAY CIR
STE D1
JACKSONVILLE FL 32256-5389
US**

Mailing Address
**8286 WESTERN WAY CIR
STE D1
JACKSONVILLE FL 32256-5389
US**

3. Date Incorporated or Qualified
03/02/1988

3a. Date of Last Report
05/11/1995

2. Principal Place of Business

21 **3233 CR 208**

2a. Mailing Address

26 **SAME**

4. FEI Number
59-2872758

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **ST. AUGUSTINE, FL**

Suite, Apt. #, etc.
27 **SAME**

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip
23 **32092-0517**

Country
ST. JOHNS

Zip
28 **2**

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRANDVOLD, STEPHEN P.
8286 WESTERN WAY CR.
SUITE D-1
JACKSONVILLE FL 32256-8389**

81 Name
SAME

82 Street Address (P.O. Box Number is Not Acceptable)
3233 C.R. 208

83 **ST. AUGUSTINE**

84 City

FL 85 Zip Code
32092-0517

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 607.0502, Florida Statutes.

SIGNATURE

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

PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

29 APR 96
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
BRANDVOLD, STEPHEN P.
8012 SHADY GROVE RD
JACKSONVILLE FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change: ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change: ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change: ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change: ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change: ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change: ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Stephen P. Brandvold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 APR 96
Date

**909
829 6098**
Daytime Phone #

CR2E034 (12/95)