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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADORESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

904 829 6098

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M70276

(4)

H2OLOGY INC.	0270	(')							
Principal Place of Business Mailing Address				_		{ 1200/00/4 21,100/4 00/40 110/4 100/4 00/4			
8233 CR 208		3233 <u>DR</u> 208							
OT ALIAMATINE PL BOOM OFER	3	OT ALICHIOTIUS EL B	0000						
ST. AUGUSTINE FL 32092-0517 US		ST. AUGUSTINE FL 32092 US				3. Date Incorporated or Qualified 3a. Date of Last Report 03/02/1988 05/01/1996			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	1 00/		oplied For
ה י הרבוד מודי הרבוד הרבוד הרבוד הרבוד ה		26			59-2872758		· · · · ·	ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
NONE		27 NONE			5. Certificate of status Besired		Fee Re	equired	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added (
 -, ' ⊢, '	country	Z(p	 	ıntry		8. This corporation has liability for	_ ~ .	~~~	199.032
4 25	2		30	_] No	
	Address of Current Re	gistered Agent		81	61	10. Name and Address of New R	gistered	Agent	
BRANDVOLD, STEPI 3233 C.R. 208			82	Name Street Add	ess (P.O. Box Number is Not Acceptable)				
BUITE DI NO		L							
ST. AUGUSTINE FL			83						
				84	City		FL	85 Zip (Code
agent. I am familiar with, and SIGNATURE	of both, in the State of File of accept the obligations and name of registered agent and	s of, Section 607.050	5, Florida Sta	lules		tion's board of directors. I hereby acce	pt the app	ointment as	registered
12.	OFFICERS AND DIF		13.			ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12
TITLE PCD		☐ DELETE	1.1 11	TLE				Change	☐ Addition
NAME BRANDVOLD,	stephen P.	41	1.2 N	AME			^	<i>r</i> ·	
STREET ADDRESS 8012-8HADY (SROVERD 3233	C.R208		IREE1	ADDRESS	~			
CITY-ST-ZIP JACKSONVILL	EFT ST. AUG	ustine FL3	2092 140	17Y-S	T-ZIP				
TITLE		DELETE	2.1 TI	1LE				Change	☐ Addition
NAME			2.2 N	AME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		T or eve			ST-ZIP			T-1 01	1.100
TITLE		☐ DELETE						L Change	☐ Addition
NAME			3.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE			IT-ZIP			☐ Change	Addition
NITLE		□ brette			-			change	
NAME CIDEET ADDRESS			4.21		ADDDECC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE		114-S	1-ZIP			Change	Addition
NAME			5.2 N					Charigo	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			1	ITY-S	ì				
TITLE		DELFTE			1 4"			☐ Change	Addition

G.2 NAME

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 trusted 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.

SPANOVOLD