

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90094 043 ***150.00

DOCUMENT # M70276

1. Corporation Name
H2OLOGY INC.

Principal Place of Business
3233 CR 208
ST. AUGUSTINE FL 32092-0517
US

Mailing Address
3233 DR 208
ST. AUGUSTINE FL 32092-0517
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1988

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2872758

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANDVOLD, STEPHEN P.
3233 C.R. 208
ST. AUGUSTINE FL 32092

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 PCD
NAME BRANDVOLD, STEPHEN P.
STREET ADDRESS 3233 CR 208
CITY-ST-ZIP ST. AUGUSTINE FL

1.1 TITLE M
1.2 NAME BRANDVOLD, STEPHEN P.
1.3 STREET ADDRESS 3233 COUNTY ROAD 208
1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32092-0517

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE PD
2.2 NAME MESCULLAR, CAROL
2.3 STREET ADDRESS 3233 COUNTY ROAD 208
2.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32092-0517

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN P. BRANDVOLD

Date

Daytime Phone #

31 MAR 99 904 829 6098

CR2E034 (1/1/98)

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