SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **M72740** **(7)**

1. Corporation Name

HYDROCARE, INC.

Principal Place of Business	Mailing Address
4408 AIRPORT ROAD SUITE A-200 PLANT CITY FL 33567 US	4408 AIRPORT ROAD SUITE A-200 PLANT CITY FL 33567 US

2. Principal Place of Business [21]	2a. Mailing Address [26]
Suite, Apt #, etc [22]	Suite, Apt #, etc [27]
City & State [23]	City & State [28]
Zip [24] 33567-1112 Country [25]	Zip [29] 33567-1112 Country [30]

3. Date Incorporated or Qualified: 03/10/1988
3a. Date of Last Report: 08/10/1995
4. FEI Number: 59-2922892 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JORDAN, HERBERT H.
4408 AIRPORT ROAD
SUITE A-200
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

[81] Name: JORDAN, MARK F.
[82] Street Address (P.O. Box Number is Not Acceptable): 4408 AIRPORT Rd.
[83] Suite A-200
[84] City: PLANT CITY FL [85] Zip Code: 33567-1112

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: X [signature]
Signature of new registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	BAKER, WILLIE JOE		1.2 NAME		
STREET ADDRESS	4408 AIRPORT ROAD, SUITE A-200		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY-ST-ZIP	33567-1112	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	JORDAN, HERBERTA H.		2.2 NAME		
STREET ADDRESS	4408 AIRPORT ROAD, SUITE A-200		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		2.4 CITY-ST-ZIP	33567-1112	
TITLE		☐ DELETE	3.1 TITLE	DIRECTOR / PRESIDENT	☐ Change ☒ Addition
NAME			3.2 NAME	MARK F. JORDAN	
STREET ADDRESS			3.3 STREET ADDRESS	4408 AIRPORT RD, SUITE A-200	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	TAMPA, FL 33567-1112	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(x), 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: [signature] MARK F. JORDAN, PRES. 6/10/96 (813) 754-4122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)