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FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P24388

(1)

1. Corporation Name

DEEPWATER INVESTMENTS, INC.



Principal Place of Business

654 N BELT EAST
SUITE 400
HOUSTON TX 77080
US

Mailing Address

654 N BELT EAST
SUITE 400
HOUSTON TX 77080-5914
US

3. Date Incorporated or Qualified
05/17/1989

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 910 Travis Street

Suite, Apt. #, etc.
22 #800

City & State
23 Houston TX

Zip
24 77002

Country
25

2a. Mailing Address

26 910 Travis Street

Suite, Apt. #, etc.
27 #800

City & State
28 Houston TX

Zip
29 77002

Country
30

4. FEI Number

98-0087092

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ULRICH, TIMOTHY W.	
STREET ADDRESS	654 NORTH BELT E, #400	
CITY-ST-ZIP	HOUSTON TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ULRICH, TIMOTHY W.	
STREET ADDRESS	654 NORTH BELT E, #400	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	QUINN, JOHN E., JR.	
STREET ADDRESS	654 NORTH BELT E, #400	
CITY-ST-ZIP	HOUSTON TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KAMINSKI, CHERYL A.	
STREET ADDRESS	3 ST JAMES COURT	
CITY-ST-ZIP	HAMILTON PARISH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BOOHER, DAVID L.	
STREET ADDRESS	654 NORTH BELT E, #400	
CITY-ST-ZIP	HOUSTON TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	910 Travis Street #800
1.4 CITY-ST-ZIP	Houston TX 77002
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	910 Travis Street #800
2.4 CITY-ST-ZIP	Houston TX 77002
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	910 Travis Street #800
3.4 CITY-ST-ZIP	Houston TX 77002
4.1 TITLE	Treasurer/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	910 Travis Street #800
4.4 CITY-ST-ZIP	Houston TX 77002
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

Date

713/9991812

Daytime Phone #

0485622

CR2E034 (9/96)