

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

DOCUMENT # P92000011004 (8)

1. Corporation Name

AQUATIC BIOLOGISTS, INC.

95 MAR 13 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

160 W EVERGREEN AVE
SUITE 101
LONGWOOD FL 32750
US

Mailing Address

160 W EVERGREEN AVE
SUITE 101
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

12/10/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3158080

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$9.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 1279 SEMINOLA BLVD.

2a. Mailing Address

26 1279 SEMINOLA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Casselberry, FL

27 City & State

28 Casselberry, FL

24 Zip Country

32707

29 Zip Country

32707

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOLINA, JULIO M
8614 BRAEKLU WOOD DR.
ORLANDO FL 32829

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHARLES, DOUGLAS K
STREET ADDRESS	320 MAC GREGOR RD
CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	D
NAME	PEREZ, LUIS A
STREET ADDRESS	9213 VENTANA LANE
CITY-ST-ZIP	ORLANDO FL 32825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-95

(407)696-5777