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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P92000013577 (1)**1. Corporation Name

WATERING HOLE, INC.

Principal Place of Business Mailing Address							
P.O. BOX 3332 SEBRING FL 3387	1-3332	904 LK JOSEPHINE DR SEBRING FL 33872-6405 US					
				3.	Date Incorporated or Qualified 12/15/1992		te of Last Report
Principal Place of Business 1		2a. Mailing Address 26		4.	FEI Number		Applied For
				59-3154547		Not Applica	
Suite, Apr. #, etc.		Suite, Apt #, etc.		5.	Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State		6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Z _I p	Country 30	8.	This corporation has liability for i		tax under s. 199.032

MCINTYRE, SHARON D 906 SE LAKEVIEW DR SUITE 1 SEBRING FL 33870

9. Name and Address of Current Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

10. Name and Address of New Registered Agent

FILED

Jan 17 1997 8:00am

Secretary of State

Applied For Not Applicable

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 Hamiltanular with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or protect name of registered agent and title if applicable	(NOTE: Registered Agent signature re	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELE	TE 1.1 TITLE	Change Addition
NAME	Pella, Edward E	1.2 NAME	
STREET ADORESS	904 LAKE JOSEPHINE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	1.4 CITY-ST-ZIP	
TITLE	ST DELE	TE 2.1 TITLE	Change Addition
NAME	PELLA, DENNIS R	22 NAME	
STREET ADDRESS	904 LAKE JOSEPHINE DR	2.3 STREET ADDRESS	
CHTY - SY - ZIP	SEBRING FL 33872	2 4 CITY - ST - ZIP	
TITLE	DELE	TE 3 1 TITLE	Change Addition
NAME		32 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CTFY - \$1 - 71P		3.4. CITY-ST-ZIP	
TITLE	DELE	TE 4.1 TITLE	Change Addition
NAME:		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	☐ DELE	TE 5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-7IP		5.4 CITY - ST - ZIP	
TIFLE	☐ DELE	TE 6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREFT ADDRESS	

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), Fiorida 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

19ELLA-JAN. 13-97