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Sep 17 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 # P93000058604 (8)

1. Corporation Name
EAUPURE (USA), INC.



Principal Place of Business

8787 SOUTHSIDE BLVD
STE 2815
JACKSONVILLE FL 32256
US

Mailing Address

8787 SOUTHSIDE BLVD
#2815
JACKSONVILLE FL 32256-0501
US

3. Date Incorporated or Qualified
08/20/1993

3a. Date of Last Report
09/24/1996

2. Principal Place of Business

21 76 South Laura Street

Suite, Apt. #, etc.

22 Suite 700

City & State

23 Jacksonville, FL

Zip Country

24 32202

25 US

2a. Mailing Address

26 76 South Laura Street

Suite, Apt. #, etc.

27 Suite 700

City & State

28 Jacksonville, FL

Zip

29 32202

Country

30 US

4. FEI Number

59-3215567

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

-CHACE, H. ROSS JR-
-8787 SOUTHSIDE BLVD--
-#2815--
-JACKSONVILLE FL 32256--

10. Name and Address of New Registered Agent

81 Name

John L. Boling

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

76 South Laura Street

83 Suite 700

84 City
Jacksonville

FL

85 Zip Code
32202

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 of corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

September 9, 1997

12. OFFICERS AND DIRECTORS

TITLE DPTS ☒ DELETE

NAME CHACE, H. ROSS JR
STREET ADDRESS 8787 SOUTHSIDE BLVD., APT. 2815
CITY - ST - ZIP JACKSONVILLE FL

TITLE DV ☐ DELETE

NAME BOLING, JOHN L
STREET ADDRESS 76 SOUTH LAURA STREET
CITY - ST - ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPTS ☐ Change ☒ Addition

1.2 NAME Michael A. Chelette
1.3 STREET ADDRESS 31 Jackson Avenue
1.4 CITY - ST - ZIP Ponte Vedra Beach, FL 32082

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 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 for on an attachment with an address.

SIGNATURE

John L. Boling, Sept 9, 1997 904-354-6542

CR2E034 (9/96)