SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:21

DOCUMENT # **P93000062677 (8)**

1. Corporation Name

CONCEPTS IN AQUATICS, INC.

Principal Place of Business	Mailing Address
3965 S.E. 45TH CT. #4 OCALA FL 04480	66 PECAN RD. OCALA FL 34

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/02/1993	3a. Date of Last Report: 08/25/1994
4. FEI Number: 59-3200466	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 3965 S.E. 45TH CT	26 SAME AS ABOVE
22 Suite, Apt. #, etc. #4	27 Suite, Apt. #, etc.
23 City & State OCALA FLA	28 City & State
24 Zip 34480 25 Country USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, DAVID G 719 S.E. 46TH COURT OCALA FL 34476	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PRES
NAME	JOHNSON, DAVID G	12 NAME	JOHNSON DAVID G
STREET ADDRESS	66 PECAN RD.	13 STREET ADDRESS	66 PECAN RD
CITY-ST-ZIP	OCALA FL 34472	14 CITY-ST-ZIP	OCALA FL 34472
TITLE	D	21 TITLE	
NAME	MEDERO, MARIO	22 NAME	
STREET ADDRESS	719 S.E. 46TH CT	23 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

☑ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition

CR2E034 (3/95)

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)(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: DAVID JOHNSON 6-14-95 904-687-1917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01B4023 IN