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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000079215 (8)

MATHENY'S AQUATICS UNLIMITED, INC.

**FILED** Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1879 19110 11001 179	IBI BILI 1881	
112 DEBARRY AVE. SUITE B ORANGE PARK FL 32073 US		112 DEBARRY AVE. ORANGE PARK FL 32073 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
03						11/17/1993		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				59-3205330	No	t Applicable
Suite, Apt. i	W, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	T .
22		Ott. 8 State					Fee Re	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the c		
24	25	29	30			Personal Property Tax due June 30.		No
	g, Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent	
	THENY, STEVEN W			81	Name			
	DEBARRY AVE.		82 Street Add			ss (P.O. Box Number is Not Acceptable)		
ORANGE PARK FL 32073				83				
				84	City	F	<b>85</b> Zip (	Code
11. Pursuant t	o the provisions Mections 607,0502	and 607.1508, Florida Statut	es, the a	bove	-named corpo			s registered
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, flooth, in the State of I lorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the state of th								
BIGNATURE .	pelulu i yu	$u_{\perp}$				416178		
	Signature, typed or posted name of registeres agor			d Ager	nt signature required			
12.	OFFICERS AND	DELETE 1.1 T		T1 E	- 1	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTOR  Change	RS IN 12 Addition
TITLE NAME	MATHENY, STEVEN W	1.3 T					C CHAINGE	Addition
STREET ADDRESS	440 DEDARBY ALE				ADDRESS			
CITY-ST-ZIP	ODANGE DADY EL		11Y-S1					
TITLE	VP	DELETE 21T					Change	Addition
NAME	FITZPATRICK, W. DELTON 22N		AME					
STREET ADDRESS			TREET	ADDRESS	•			
CITY-ST-ZIP				CITY - S	T-ZIP			
THTLE	• • • • • • • • • • • • • • • • • • •		3.1 TI			•	Change	☐ Addition
NAME			32 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TI	ITY-S	1-ZIP		Change	Addition
NAME			4.21					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ITY-S1				
TITLE		☐ DELETE	5.1 1				Change	☐ Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 \$	TREET	ADDRESS			
CITY-ST-ZIP		T 00,000	_	ITY - ST	T- ZIP			A singe in
TITLE		☐ DELETE	6.1 T				☐ Change	Addition
NAME			6.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-7IP			■ 6.4 C	ITY - ST	I-ZIP I			

14. I 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 die 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 only attachings with an address?

CIGNATURE.

904-264-4744