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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059821 (6)**

1. Corporation Name
BIO AQUATICS, INC.

Principal Place of Business	Mailing Address
900 SOUTH U.S. HIGHWAY 1, #105 JUPITER FL 33477	900 SOUTH U.S. HIGHWAY 1, #105 JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3727 SE Ocean Blvd.	26 3727 SE Ocean Blvd.
Suite, Apt. #, etc. 22 Suite 206	Suite, Apt. #, etc. 27 Suite 206
City & State 23 Stuart, FL	City & State 28 Stuart, FL
Zip / Country 24 34996 / 25 US	Zip / Country 29 34996 / 30 US

4. FEI Number: 65-0510464 ☐ 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

WILLIAMS, RICHARD H
900 SOUTH U.S. HIGHWAY 1, #105
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 3727 SE Ocean Blvd.
83: Suite 206
84 City: Stuart FL 85 Zip Code: 34996

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 / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	C Williams, Richard H. 815 SE MacArthur Blvd. Stuart, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	P,T Wooten, Jim 3727 SE Ocean Blvd., #206 Stuart, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V,S Williams, Yvonne 5215 SE Sweetbrier Terrace Hobe Sound, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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: Yvonne Williams Yvonne Williams 4/17/95 (407) 288-5001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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