FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

ED AND FILED

95 MAY -1 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000080443 (2)**

1. Corporate Name

H2O SKIING, INC.

Principal Place of Business	Mailing Address
8505 WEST IRLO BRONSON MEM. HWY. KISSIMMEE FL 34746	8505 WEST IRLO BRONSON MEM. HWY. KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21:

Suite, Apt. # or Rte. — 22:

City & State — 23:

Zip — 24: County — 25:

2a. Mailing Address — 26:

Suite, Apt. # or Rte. — 27:

City & State — 28:

Zip — 29: County — 30:

4. FEI Number: 59-3274632 ☐ 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	10. Name and Address of New Registered Agent
BAIRD, J. BRIAN 225 EAST ROBINSON STREET SUITE 450 ORLANDO FL 32801	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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	D	1. Title	☐ Change ☐ Addition
Name	THOMPSON, RONALD K II	1. Name	
Street Address	8505 WEST IRLO BRONSON MEM. HWY.	1. Street Address	
City-St-Zip	KISSIMMEE FL 34746	1. City-St-Zip	
Title		2. Title	☐ Change ☐ Addition
Name		2. Name	
Street Address		2. Street Address	
City-St-Zip		2. City-St-Zip	
Title		3. Title	☐ Change ☐ Addition
Name		3. Name	
Street Address		3. Street Address	
City-St-Zip		3. City-St-Zip	
Title		4. Title	☐ Change ☐ Addition
Name		4. Name	
Street Address		4. Street Address	
City-St-Zip		4. City-St-Zip	
Title		5. Title	☐ Change ☐ Addition
Name		5. Name	
Street Address		5. Street Address	
City-St-Zip		5. City-St-Zip	
Title		6. Title	☐ Change ☐ Addition
Name		6. Name	
Street Address		6. Street Address	
City-St-Zip		6. City-St-Zip	

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate as of the date of this report. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Ronald K. Thompson II Ronald K. Thompson II 4-28-95 407-257-0686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0378888 CP