

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000024865 (4)

1. Corporation Name
AQUAGRAF, INC.



Principal Place of Business

**906-C EAST 124TH AVE.
TAMPA FL 33612**

Mailing Address

**906-C EAST 124TH AVE.
TAMPA FL 33612**

2. Principal Place of Business

21 **104 W. SENECA AVE**

2a. Mailing Address

26 **P.O. Box 17753**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE #10**

27

City & State

City & State

23 **TAMPA FL**

28 **TAMPA FL**

Zip

Country

Zip

Country

24 **33612**

25 **USA**

29 **33682**

30 **USA**

3. Date Incorporated or Qualified

03/27/1995

3a. Date of Last Report

4. FEI Number

59-3307578

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

**JONES, ORA W III
10930 NORTH BLVD.
TAMPA FL 33612**

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

Signature, typed or printed name of registered agent and board of directors

Signature: Registered Agent's signature required when reappointing

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **JONES, ORA W III**
STREET ADDRESS **10930 NORTH BLVD.**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **DV** ☐ DELETE
NAME **JONES, CATHERINE D**
STREET ADDRESS **10930 NORTH BLVD.**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **DST** ☐ DELETE
NAME **JONES, MARY ANN**
STREET ADDRESS **1901 BRINSON RD., Q1**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Add on

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

813-932-8832

Date

Daytime Phone

CR2E034 (12/95)