

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jul 29 1998 8:00am  
Secretary of State

DOCUMENT # P95000024865 (4)

1. Corporation Name  
AQUAGRAF, INC.



Principal Place of Business

Mailing Address

137 LYLE LANE  
SUITE #10  
NASHVILLE TN 37210  
US

137 LYLE LANE  
NASHVILLE TN 37210  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1995

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 809 Ewing Ave

26 809 Ewing Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Nashville, TN

City & State

28 Nashville, TN

Zip

24 37203

Country

25 USA

Zip

29 37203

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 13220 Houston Ave #122

84 City

Hudson, FL

FL

85 Zip Code

34667

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 Mary Ann Jones

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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 DS ☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Jones, Ora W III  
1.3 STREET ADDRESS 1499 Holloway Rd.  
1.4 CITY-ST-ZIP Lebanon, TN. 37090

2.1 TITLE DV ☒ Change ☐ Addition

2.2 NAME Jones, Catherine D  
2.3 STREET ADDRESS 1499 Holloway Rd.  
2.4 CITY-ST-ZIP Lebanon, TN. 37090

3.1 TITLE DST ☒ Change ☐ Addition

3.2 NAME Jones, Mary Ann  
3.3 STREET ADDRESS 13220 Houston Ave. #122  
3.4 CITY-ST-ZIP Hudson, FL 34667

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 300002604633  
5.3 STREET ADDRESS -07/31/98--01090--047  
5.4 CITY-ST-ZIP \*\*\*150.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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 Mary Ann Jones

7/16/98

813-868-4604

CR2E034 (5/98)



*dyd*

July 16, 1998

To: Sandra B. Mortham  
Florida Department of State

From: Aquagraf, Inc.

Re: Profit Corporation Annual Report

Dear Ms. Mortham,

My name is Carol A. Wiser, Office Manager with Aquagraf, Inc. I am writing to inform you that I did not receive the first notice of the Profit Corporation Annual Report. I spoke with Carole at your office on July 15, 1998 who told me to send in this letter along with the second notice report and the original fee of One Hundred Fifty (\$150.00) dollars. If I need to do anything else or you have any questions for me, please call me at 1-800-573-5770.

Thank you,

Carol A. Wiser  
Office Manager