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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000025644

AMERICAN SOCK & DEWATERING, INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90003 001 ***150.00



Principal Pla	ce of Business	Mailing Address	Mailing Address					
821 BAY RIDGE LANE PORT ORANGE FL 32127		821 BAY RIDGE LANE	821 BAY RIDGE LANE PORT ORANGE FL 32127					
		PORT ORANGE FL 32127				DO NOT WRITE IN THIS SPACE		
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied		
		26					ot Applicable	
Suite, Apt	Suite, Apt. #, etc Suite, Apt. #, etc					\$8:75.	\$8:75 Additional	
27							equired	
City & Sta	te	City & State				6. Election Campaign Financing \$5.00 May Be		
	28						Added to Fees	
Zip			Country			8. This corporation owes the current year Intangible		
4	25	29	30			Personal Property Tax. Yes	□No	
	9. Name and Address of Currer	nt Registered Agent		ļ_,		10. Name and Address of New Registered Agent		
				81	Name			
	IES, RODNEY		82 Street Add		Street Add	Iress (P.O. Box Number is Not Acceptable)		
	BAY RIDGE LANE							
PORT ORANGE FL 32127				83				
				84	City	- 85 Zip	Code	
				<u> </u>		FL		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the a	bove	-named corp	poration submits this statement for the purpose of changing its ion's board of directors. I hereby accept the appointment as re	registered	
agent. I a	im familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Stat	utes.	ne corporatio	bit's books of directors, I fieldby accept the appointment as re	gistered	
SIGNATURE								
10	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	<u> </u>	Agent	signature require	ad when reinstating) DATE ADDITIONS OF LANDING TO DEFICIE AND DIDECTO	DC IN 40	
12. TITLE	 	DELETE	13.	n e		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	Addition	
NAME	D CONCE BODNEY		1.2 N		}			
	JONES, RODNEY				A DDDDEOG			
STREET ADDRESS	821 BAY RIDGE LANE		•		ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP		Change	Addition	
	S DADDADA]				Change		
NAME	JONES, BARBARA		2.2 N					
STREET ADDRESS	821 BAYBRIDGE LANE			+-	ADDRESS	· · ·		
CITY-ST-ZIP	PORT ORANGE FL			ΠY-51	-ZIP	Chann	Addition	
TITLE	VP	□ pereie	3.1 TI		Į	☐ Change	☐ Vagition	
(AME	JONES, BRADLEY		3.2 NA					
STREET ADDRESS	133 FLAMINGO RD				ADDRESS (
CITY-ST-ZIP	EDGEWATER FL 32141	- Inciere	3.4. CIT		-ZIP		T A defision	
TITLE		☐ DELETE	4 1 TIT			☐ Change ,	☐ Addition	
AME			4. 2 N					
TREET ADDRESS			1		ADDRESS			
ITY-ST-ZIP			_	TY-ST	ZiP			
ITLE		☐ DELETE	5.1 TI			☐ Change	☐ Addition	
IAME			5.2 NA					
TREET ADDRESS					ODRESS			
aty-st-zip				TY-ST-	ZIP			
ITLE		☐ DELETE	6.1 TY			☐ Change	☐ Addition	
AME			6.2 NA					
TREET ADDRESS			6.3 ST	REETA	LDDRESS (
ITY-ST-ZIP			6.4 C/1	ry-st-2	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, with all other like empowered.

SIGNATURE: