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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

AN 8, 1557
Date Destructions

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061119 (0)

JIM'S WATERWORKS, INC. Principal Place of Business Mailing Address RESIDENCE 1008 DEDDINGTON PLACE 1008 DEDDINGTON PLACE KISSIMMEE FL 34758-3118 KISSIMMEE FL 34758 3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For SAME 59-3367963 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes [V No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 NASH, EDWARD T JR. DAMA 1400 WEST OAK STREET STE H Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34741 83 City Zio 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 ne of regesered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. Change Addition DELETE 1.1 TITLE TITLE NONE WYKER, JAMES P. 1.2 NAME NAME 1008 DEDDINGTON PLACE STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP VP DELETE Change Addition 2.1 TITLE TITLE WYKER, PAMELA G. NAME 2.2 NAME 1008 DEDDINGTON PLACE 2.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Chape Addition TITLE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CiTY-ST-7IP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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 countration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. Ho hereby query 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

with an address

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR