

**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 # P95000071705 (4)

1. Corporation Name  
**AQUA POWER, INC.**



Principal Place of Business: 5843 PECAN ROAD, OCALA FL 34472  
Mailing Address: POST OFFICE BOX 71093, OCALA FL 34471

3. Date Incorporated or Qualified: 09/01/1995  
3a. Date of Last Report: new  
4. FEI Number: 59-3340853  
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

2. Principal Place of Business: 5843 Pecan RD, Ocala, Florida, 34472  
2a. Mailing Address: PO Box 71093, Ocala, Florida, 34471  
23. City & State: Ocala, Florida  
24. Zip: 34472, Country: USA

9. Name and Address of Current Registered Agent  
GOODLETT, DEBRA A  
5843 PECAN ROAD  
OCALA FL 34472

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: Debra Goodlett DEBRA GOODLETT, Secretary 2-7-96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
1.1 TITLE: PRESIDENT  
1.2 NAME: ROBERT GOODLETT  
1.3 STREET ADDRESS: 5843 Pecan RD  
1.4 CITY-ST-ZIP: Ocala FL 34472  
2.1 TITLE: SECRETARY  
2.2 NAME: DEBRA GOODLETT  
2.3 STREET ADDRESS: 5843 Pecan RD  
2.4 CITY-ST-ZIP: Ocala, FL 34472

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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: Debra Goodlett DEBRA GOODLETT 2-7-96 (352) 680-0505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)