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May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000072486 (0)

1. Corporation Name  
AQUAMAT, INC.



Principal Place of Business  
8514 KILEY CT  
ST AUGUSTINE FL 32092

Mailing Address  
8514 KILEY CT  
ST AUGUSTINE FL 32092-1506

2. Principal Place of Business  
21 6550 St. Rd 16  
Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

22 City & State  
23 St. Augustine FL  
24 Zip 32092  
25 Country

27 City & State  
28  
29 Zip  
30 Country

3. Date Incorporated or Qualified 09/18/1995  
3a. Date of Last Report 03/25/1996  
4. FEI Number 59-3359099  
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

SWICEGOOD, GLENN M  
8514 KILEY CT  
ST AUGUSTINE FL 32092

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

4/28/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1. PST SWICEGOOD, GLENN M  
8514 KILEY CT  
ST AUGUSTINE FL 32092  
2. VP ☐ DELETE  
NAME Wayne V. Carter  
STREET ADDRESS  
CITY-ST-ZIP Jacksonville, FL  
3. VP ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4. V.P. ☐ DELETE  
NAME Wayne V. Carter  
STREET ADDRESS 1473 Wentworth Ave.  
CITY-ST-ZIP Jacksonville, FL 32259  
5. ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6. ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
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 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:

Glenn M. Swicegood

Glenn M. Swicegood

4/28/97

(904) 825-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)