

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 14 1996 8:00 am
Secretary of State

DOCUMENT # P95000077228 (1)

1. Corporation Name

AQUILACO, INC.



Principal Place of Business

3743 SANDLEWOOD DRIVE
LAND O'LAKES FL 34639

Mailing Address

3743 SANDLEWOOD DRIVE
LAND O'LAKES FL 34639

2. Principal Place of Business

21 5339 VILLAGE MARKET

Suite, Apt. #, etc.

2a. Mailing Address

26 5339 VILLAGE MARKET

Suite, Apt. #, etc.

22

City & State

23 Wesley Chapel, FL

Zip

24 33543

Country

25 U.S.

City & State

28 Wesley Chapel, FL

Zip

29 33543

Country

30 U.S.

9. Name and Address of Current Registered Agent

MEYER, CINDY
5339 VILLAGE MARKET
WESLEY CHAPEL FL 33543-2525

3. Date Incorporated or Qualified

10/09/1995

3a. Date of Last Report

4. FEI Number

59-3340331

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PT

NAME

FASTERJAK, JULIETTE

STREET ADDRESS

1847 SAILFISH ROAD

CITY-ST-ZIP

PASADENA FL 33707

TITLE

S

NAME

MEYER, CINDY

STREET ADDRESS

3743 SANDLEWOOD DRIVE

CITY-ST-ZIP

LAND O'LAKES FL 34639

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/96

813/973-1318

CR2E034 (12/95)