

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 19 1997 8:00am
Secretary of State

DOCUMENT # **P96000000820 (6)**

1. Corporation Name

WATER SPECIALTY FORMULATIONS INC.



Principal Place of Business

**936-C EAST 124TH AVE
TAMPA FL 33612**

Mailing Address

**936-C EAST 124TH AVE
TAMPA FL 33612**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/03/1996

4. FEI Number

59-3364037

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No ☒

2. Principal Place of Business

21 13220 HOUSTON AVE

Suite, Apt. #, etc.

22 # 122

City & State

23 HUDSON FL

Zip

24 34667

Country

25 USA

2a. Mailing Address

26 13220 HOUSTON AVE.

Suite, Apt. #, etc.

27 # 122

City & State

28 HUDSON FL

Zip

29 34667

Country

30 USA

9. Name and Address of Current Registered Agent

**JONES, ORA W
1901 BRINSON RD Q-1
LUTZ FL 33549**

10. Name and Address of New Registered Agent

81 Name

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

13220 HOUSTON AVE

83

122

84

HUDSON

FL

85 Zip Code

34667

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **JONES, ORA W**
STREET ADDRESS **1901 BRINSON RD Q-1**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **VD** ☐ DELETE

NAME **JONES, ORA W III**
STREET ADDRESS **10930 NORTH BLVD**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **STD** ☐ DELETE

NAME **JONES, MARY A**
STREET ADDRESS **1901 BRINSON RD Q-1**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 **13220 HOUSTON AVE #122**
1.4 CITY-ST-ZIP **HUDSON FL 34667**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **1499 HOLLOWAY Rd.**
2.4 CITY-ST-ZIP **LEBANON TN 37090**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **13220 HOUSTON AVE #122**
3.4 CITY-ST-ZIP **HUDSON FL 34667**

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

SIGNATURE: [Signature]

01/10/97

012-368-4604

CR2E034 (4/97)