FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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PROFIT FILED FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 🕒 CORPORATION ANNUAL REPORT Secretary of State 97 AUG 14 PH 3:00 DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P96000006696 (4) HYDRO-BLASTERS OF FLORIDA, INC. Principal Place of Business Mailing Address PO BOX 703 PO BOX 703 CHIPLEY FL 32428-0703 CHIPLEY FL 32428-0703 3. Date Incorporated or Qualified 3a. Date of Last Report 01/18/1996 2. Principal Place of Business 2a. Mailing Address Applied For 5-9-336695S 21 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 \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 29 Florida Statutes Yes M No 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent REGISTER, MARK A 109 SOUTH BLVD. EAST 82 Street Address (P.O. Box Number is Not Acceptable) CHIPLEY FL 83 84 City 85 Zip Code 11. Pursuant to the provisions of Soctions 607.0502 and 607.15/8. 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. Statutes agent. I am familiar in, and accept the obligation of the corporation of the corporatio SIGNATURE (NOTE: Registered Agent signature required when reinstating) titic if applicable OFFICERS AND DIRECTORS 96/6) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PRESTOEAT DELETE Change Addition TITLE 1.1 THLE REGISTER NAME 1.2 NAME CR2E034 703/1040 HWY STREET ADDRESS 1.3 STREET ADDRESS 32428 TPLEY 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE KINNEY NAME 2.2 NAME Heres C. 1521 NEARING STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-2IP 3.4. C(TY - S1 - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STRAT ADDRESS 4.3 STREET ADDRESS CITY ZI-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 1HLE NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 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 12 it thanged, or on an attachment with an address.

19005U7-5716h