

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.)

APPROVED  
AND  
FILED

pg. 1 of 2

97 SEP 12 PH 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # P96000016532 (9)

1. Corporation Name  
WATER SYSTEMS, INC.

Principal Place of Business  
28712 U.S. HWY 19 N., UNIT 413  
CLEARWATER FL 34621

Mailing Address  
28712 U.S. HWY 19 N., UNIT 413  
CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/20/1996  
3a. Date of Last Report  
4. FEI Number 59-3346345  
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  
10. Name and Address of New Registered Agent

2. Principal Place of Business  
21 1030 PENNSYLVANIA AVE  
Suite, Apt. #, etc.  
22  
City & State  
23 PALM HARBOR Fla.  
Zip  
24 34683  
Country  
25 Pinellas  
26 Mailing Address  
26 P.O. Box 922  
Suite, Apt. #, etc.  
27  
City & State  
28 PALM HARBOR, FLA.  
Zip  
29 34682-0922  
Country  
30 Pinellas

9. Name and Address of Current Registered Agent  
THACKER, RONALD E  
2047 GRAND BLVD.  
HOLIDAY FL 34690

81 Name John L. Cunningham  
82 Street Address (P.O. Box Number is Not Acceptable) 2130 Brandon Blvd W.  
83 Suite 205  
84 City Brandon FL 85 Zip Code 33511

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 Mary Morgan Bowen Mary Morgan Bowen Sept. 8, 1997  
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 D BOWEN, LEROY L. JR. DELETE  
NAME BOWEN, LEROY L. JR.  
STREET ADDRESS 2520 HIGHLAND ACRES  
CITY-ST-ZIP CLEARWATER FL 34621  
TITLE D BOWEN, MARY M DELETE  
NAME BOWEN, MARY M  
STREET ADDRESS 2520 HIGHLAND ACRES  
CITY-ST-ZIP CLEARWATER FL 34621  
TITLE D FORAN, DAVID A DELETE  
NAME FORAN, DAVID A  
STREET ADDRESS 443 HAMMOCK DR.  
CITY-ST-ZIP PALM HARBOR FL 34683  
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 D BOWEN, LEROY L. JR. Change Addition  
1.2 NAME BOWEN, LEROY L. JR.  
1.3 STREET ADDRESS 1030 PENNSYLVANIA AVE  
1.4 CITY-ST-ZIP PALM HARBOR, FLA. 34683  
2.1 TITLE D BOWEN, MARY MORGAN Change Addition  
2.2 NAME BOWEN, MARY MORGAN  
2.3 STREET ADDRESS 1030 PENNSYLVANIA AVE  
2.4 CITY-ST-ZIP PALM HARBOR FL. 34683  
3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE 800002294518-001 Change Addition  
4.2 NAME -09/16/97--01059--001  
4.3 STREET ADDRESS \*\*\*\*\*165.00 \*\*\*\*\*165.00  
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 Mary Morgan Bowen Mary Morgan Bowen Sept. 8, 1997

CR2E034 (4/97)