

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

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Apr 24 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 # P96000020451 (6)

1. Corporation Name  
ARROWHEAD AQUATIC SUPPLY, INC.



Principal Place of Business: 18018 BOYETTE RD. LITHIA FL 33547  
Mailing Address: 18018 BOYETTE RD. LITHIA FL 33547-1706

3. Date Incorporated or Qualified: 03/04/1996  
3a. Date of Last Report

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 59-3366482  
Applied For: Not Applicable

22. Suite, Apt. #, etc.: 27

5. Certificate of Status Desired:   
\$8.75 Additional Fee Required

23. City & State: 28

6. Election Campaign Financing Trust Fund Contribution:   
\$5.00 May Be Added to Fees

24. Zip: 25 Country: 29 Zip: 30 Country:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURRY, CLIFTON C JR.  
750 W. LUMSDEN RD.  
BRANDON FL 33511

81 Name: Trudi R. Battle  
82 Street Address (P.O. Box Number is Not Acceptable): 19019 Boyette Rd  
83  
84 City: Lithia FL 85 Zip Code: 33547

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: Trudi R. Battle (Current) Trudi R. Battle (New) DATE: 4-15-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTLE, TRUDI R	1.2 NAME	
STREET ADDRESS	19019 BOYETTE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL 33547	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTLE, ROBERT P	2.2 NAME	
STREET ADDRESS	19019 BOYETTE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL 33547	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Trudi R. Battle (Current) Trudi R. Battle (New) DATE: 4-15-97 DAYTIME PHONE: 813-689-8161

CR2E034 (9/96)