

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

FILED

Apr 24 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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
CURRY, CLIFTON C JR.
750 W. LUMSDEN RD.
BRANDON FL 33511

10. Name and Address of New Registered Agent
81 Name: Trudi R. Battle
82 Street Address (P.O. Box Number is Not Acceptable): 19018 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 (typed or printed name of registered agent and file if applicable) Trudi R. Battle (NOTE: Registered Agent signature required when reappointing) DATE: 4-15-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BATTLE, TRUDI R	
STREET ADDRESS	19018 BOYETTE RD.	
CITY - ST - ZIP	LITHIA FL 33547	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BATTLE, ROBERT P	
STREET ADDRESS	19018 BOYETTE RD.	
CITY - ST - ZIP	LITHIA FL 33547	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Trudi R. Battle (typed or printed name of signing officer or director) Trudi R. Battle DATE: 4-15-97 DAYTIME PHONE #: 813-689-8161

CR2E034 (9/96)