

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90022 005 ***150.00

DOCUMENT # P96000044683

1. Corporation Name

H2O Ventures, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/24/96

4. FEI Number

59-3384304

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1920 SW 37th Ave.

Suite, Apt. #, etc.

22

City & State

23 Ocala, FL

Zip

24 34474

Country

25

2a. Mailing Address

26 One Culligan Pkwy

Suite, Apt. #, etc.

27

City & State

28 Northbrook, IL

Zip

29 60062

Country

30

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island
Rd.
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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
NAME Pertz, Douglas ☒ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Salvati, Michael ☒ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Christensen, Edward O ☒ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Crowell, Mike ☒ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME VP Paulick, Thomas E. ☐ DELETE
STREET ADDRESS One Culligan Pkwy
CITY-ST-ZIP Northbrook, IL 60062

TITLE
NAME Fullen Donald ☒ DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, VP, T ☐ Change ☒ Addition
1.2 NAME Ross, M. Campbell
1.3 STREET ADDRESS One Culligan Pkwy
1.4 CITY-ST-ZIP Northbrook, IL 60062

2.1 TITLE D, P ☐ Change ☒ Addition
2.2 NAME Calvin Hendrix
2.3 STREET ADDRESS One Culligan Pkwy
2.4 CITY-ST-ZIP Northbrook, IL 60062

3.1 TITLE D, VP, S ☐ Change ☒ Addition
3.2 NAME Michael E. Hulme, Jr.
3.3 STREET ADDRESS One Culligan Pkwy
3.4 CITY-ST-ZIP Northbrook, IL 60062

4.1 TITLE VP ☐ Change ☒ Addition
4.2 NAME Kevin L. Spence
4.3 STREET ADDRESS 40-004 Cook St.
4.4 CITY-ST-ZIP Palm Desert, CA 92211

5.1 TITLE AS ☐ Change ☒ Addition
5.2 NAME Amy G. Gossin
5.3 STREET ADDRESS 40-004 Cook St.
5.4 CITY-ST-ZIP Palm Desert, CA 92211

6.1 TITLE AT ☐ Change ☒ Addition
6.2 NAME William White
6.3 STREET ADDRESS One Culligan Pkwy
6.4 CITY-ST-ZIP Northbrook, IL 60062

14. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amy Gossin

Amy G. Gossin, Asst. Secy

4/22/99

Date

414-521-8504

Daytime Phone #

CR2E034 (11/98)