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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054342 (6)

JUSTICE-WATERS CORPORATION

Mailing Address Principal Place of Business 8503 NO 28TH ST 8503 NO 29TH ST TAMPA FL 33604 TAMPA FL 33604-2206 3a. Date of Last Report 3. Date Incorporated or Qualified 06/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 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 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zφ Country Zip Country This corporation has liability for ntangible tax under s. 199.032, 24 25 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KLEMM, RUSSELL E Bubley 121 NO OSCEOLA AVENUE 82 Northdale 2ND FLOOR Boulevar 83 **CLEARWATER FL 34615** 312B Zip Code 33624 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 apolipt the obligations of, Section 607.0505, Florida Statutes. Partnes required when reinstating) MARTIN BUBLE SIGNATURE of registered ager ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition ☐ DELETE THE 1.1 TITLE ACREE, MARY J NAME 1.2 NAME 8503 NO 29TH ST STHEET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33604** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE SCOTT, JUDITH A NAME 2.2 NAME 8503 NO 29TH ST STREET ADORESS 2.3 STREET ADDRESS TAMPA FL 33604 CITY - \$1 - ZIP 2. 4 CITY - ST - ZIP ■ DELETE ☐ Change Addition TIT. F 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY- ST-2iP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 71P 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 DILE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-ST-ZIP C-114 - S1 - ZIP DELETE 6.1 TITLE 2000021600### Addition Trite -04/30/97--01039--003 6.2 NAME NAME ***165.00

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

SIGNATURE:

STREET ADDRESS

CITY - \$1 - 71P

appears in Block 12 or Block 13 if changed, or on an attachment with an address

(96/6)

Apr 28 1997 8:00am

Secretary of State