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Jun 05 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 # P96000061707 (1)

1. Corporation Name  
RICHARD WATERMOLEN, INC.



Principal Place of Business: 693 HUNTERS RUN BLVD. LAKELAND FL 33809  
Mailing Address: 693 HUNTERS RUN BLVD. LAKELAND FL 33809-6655

3. Date Incorporated or Qualified: 07/22/1996  
3a. Date of Last Report

2. Principal Place of Business: 1041 CROSS CUT WAY  
2a. Mailing Address: 1041 CROSS CUT WAY

4. FEI Number: [ ] Applied For:  Not Applicable

22. Suite, Apt. #, etc. [ ]  
27. Suite, Apt. #, etc. [ ]

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

23. City & State: LONGWOOD, FL  
26. City & State: LONGWOOD, FL

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

24. Zip: 32750 Country: SEMINOLE  
29. Zip: 32750 Country: SEMINOLE

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

9. Name and Address of Current Registered Agent: WATERMOLEN, RICHARD 693 HUNTERS RUN BLVD. LAKELAND FL 33809

10. Name and Address of New Registered Agent: 81 Name: RICHARD WATERMOLEN  
82 Street Address (P.O. Box Number is Not Acceptable): 1041 CROSS CUT WAY  
83 [ ]  
84 City: LONGWOOD FL 85 Zip Code: 32750

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: Richard Watermolen

DATE: 4/30/97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PT  
NAME: WATERMOLEN, RICHARD  
STREET ADDRESS: 693 HUNTERS RUN BLVD.  
CITY-ST-ZIP: LAKELAND FL 33809

1.1 TITLE: PT  Change  Addition  
1.2 NAME: RICHARD L. WATERMOLEN  
1.3 STREET ADDRESS: 1041 CROSS CUT WAY  
1.4 CITY-ST-ZIP: LONGWOOD, FL 32750

TITLE: VPS  
NAME: WATERMOLEN, DORIS  
STREET ADDRESS: 693 HUNTERS RUN BLVD.  
CITY-ST-ZIP: LAKELAND FL 33809

2.1 TITLE: VPS  Change  Addition  
2.2 NAME: DORIS WATERMOLEN  
2.3 STREET ADDRESS: 1041 CROSS CUT WAY  
2.4 CITY-ST-ZIP: LONGWOOD, FL 32750

TITLE: [ ] DELETE  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY-ST-ZIP: [ ]

3.1 TITLE: [ ] Change  Addition  
3.2 NAME: [ ]  
3.3 STREET ADDRESS: [ ]  
3.4 CITY-ST-ZIP: [ ]

TITLE: [ ] DELETE  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY-ST-ZIP: [ ]

4.1 TITLE: [ ] Change  Addition  
4.2 NAME: [ ]  
4.3 STREET ADDRESS: [ ]  
4.4 CITY-ST-ZIP: [ ]

TITLE: [ ] DELETE  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY-ST-ZIP: [ ]

5.1 TITLE: [ ] Change  Addition  
5.2 NAME: [ ]  
5.3 STREET ADDRESS: [ ]  
5.4 CITY-ST-ZIP: [ ]

TITLE: [ ] DELETE  
NAME: [ ]  
STREET ADDRESS: [ ]  
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)(j), 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: R. Watermolen, Richard L. Watermolen, 1041 Cross Cut Way, Lakeland, FL 33809-6655

CR2E034 (9/96)

Handwritten initials and date: RW 6-5-97

Handwritten note: 16k dep 165.00

Handwritten number: (407)