

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

**FILED**  
**Feb 17 1998 8:00am**  
**Secretary of State**

|                                              |                                                                                   |                                                                                                                  |
|----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mockham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # P97000070927 (3)**  
1. Corporation Name  
**H2O WATER TREATMENT COMPANY**



Principal Place of Business  
**1285 CHASE HAMMOCK RD  
MERRITT ISLAND FL 32953**

Mailing Address  
**1285 CHASE HAMMOCK RD  
MERRITT ISLAND FL 32953**

DO NOT WRITE IN THIS SPACE

|                                                                 |                              |                                                        |                              |                                                                                                                                                                         |  |
|-----------------------------------------------------------------|------------------------------|--------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br><b>21 H2O WATER TREATMENT</b> |                              | 2a. Mailing Address<br><b>26 1285 CHASE HAMMOCK RD</b> |                              | 3. Date Incorporated or Qualified<br><b>08/15/1997</b>                                                                                                                  |  |
| Suite, Apt. #, etc.<br><b>22 Suite 104</b>                      |                              | Suite, Apt. #, etc.<br><b>27 Suite 104</b>             |                              | 4. FEI Number<br><b>59-2950753</b>                                                                                                                                      |  |
| City & State<br><b>23 MERRITT ISL. FLA</b>                      |                              | City & State<br><b>28 MERRITT ISL. FLA</b>             |                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                         |  |
| Zip<br><b>24 32953</b>                                          | Country<br><b>25 BREVARD</b> | Zip<br><b>29 32953</b>                                 | Country<br><b>30 BREVARD</b> | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                      |  |
|                                                                 |                              |                                                        |                              | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**HAUGHWOUT, HUGH O  
1285 CHASE HAMMOCK RD  
MERRITT ISLAND FL 32953**

10. Name and Address of New Registered Agent

|                                                       |                              |
|-------------------------------------------------------|------------------------------|
| 81 Name                                               | <b>Hugh O. Haughwout</b>     |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>1285 CHASE HAMMOCK RD</b> |
| 83                                                    |                              |
| 84 City                                               | <b>MERRITT ISL. FL</b>       |
| 85 Zip Code                                           | <b>32953</b>                 |

11. Pursuant to the provisions of Sections 607.007 and 607.008, 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 607.005, 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 |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>President</b>         | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HUGH O. HAUGHWOUT</b> | 1.2 NAME                                              | <b>1285 Chase Hammock Rd</b>                                      |
| STREET ADDRESS             |                          | 1.3 STREET ADDRESS                                    | <b>Merritt Isl., Fla 32953</b>                                    |
| CITY-ST-ZIP                |                          | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>Vice President</b>    | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Hugh O Haughwout</b>  | 2.2 NAME                                              | <b>1285 Chase Hammock Rd</b>                                      |
| STREET ADDRESS             |                          | 2.3 STREET ADDRESS                                    | <b>Merritt Isl., Fla 32953</b>                                    |
| CITY-ST-ZIP                |                          | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>Secretary</b>         | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Doris K Haughwout</b> | 3.2 NAME                                              | <b>1285 Chase Hammock Rd</b>                                      |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    | <b>Merritt Isl., Fla 32953</b>                                    |
| CITY-ST-ZIP                |                          | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>Treasurer</b>         | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Doris K Haughwout</b> | 4.2 NAME                                              | <b>1285 Chase Hammock Rd</b>                                      |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    | <b>Merritt Isl Fla 32953</b>                                      |
| CITY-ST-ZIP                |                          | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                          | 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                      |                          | 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 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

*Hugh O. Haughwout*

*Doris K. Haughwout*

CR2E034Y10/97