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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000073205 (1)**

1. Corporation Name
THE H20 SPECIALIST, INC.

Principal Place of Business
10110 HICKORY HOLLOW CT
TAMPA FL 33615

Mailing Address
10110 HICKORY HOLLOW CT
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/22/1997

4. FEI Number 59-3464643 — 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 1633 S Kirkman Rd
Suite, Apt. #, etc.
22 # 177
City & State
23 Orlando Florida
Zip 24 32811 Country 25 USA

2a. Mailing Address
26 1633 S. Kirkman
Suite, Apt. #, etc.
27 177
City & State
28 ORL FL
Zip 29 32811 Country 30 USA

9. Name and Address of Current Registered Agent
WEBB, WILLIAM E
10110 HICKORY HOLLOW CT
TAMPA FL 33615

10. Name and Address of New Registered Agent
81 Name William E Webb
82 Street Address (P.O. Box Number is Not Acceptable) 1633 S. Kirkman Rd
83 # 177
84 City Orlando FL 85 Zip Code 32811

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 William E Webb — 4-30-98
Signature (typed or printed name of registered agent, title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WEBB, WILLIAM E	
STREET ADDRESS	10110 HICKORY HOLLOW CT	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	William E Webb	
1.3 STREET ADDRESS	1633 S. Kirkman Rd #177	
1.4 CITY-ST-ZIP	ORL FL 32811	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	500002546485	
5.3 STREET ADDRESS	-06/03/98--01086--040	
5.4 CITY-ST-ZIP	***150.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

6-2

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: William E Webb — 4-30-98

CR2E034 (10/97)