

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 09 1998 8:00am
Secretary of State

DOCUMENT # P97000073766 (2)

1. Corporation Name

GREAT NORTHERN WATERS, INC.



Principal Place of Business

Mailing Address

1040 NORTH STONEY POINT
CRYSTAL RIVER FL 34423-0579

POST OFFICE BOX 579
CRYSTAL RIVER FL 34423-0579

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1997

4. FEI Number

59 3465 437

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

2a. Mailing Address

21

26

22

Suite Apt #, etc.

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of Now Registered Agent

81 Name THEODORE R. GILSON

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

1040 N. STONEY PT

83

84 City Crystal River

FL

85 Zip Code 34429

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)

12-31-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GILSON, THEODORE R
STREET ADDRESS 1040 NORTH STONEY POINT
CITY-ST-ZIP CRYSTAL RIVER FL 34423-0579

☐ DELETE

TITLE VD
NAME LEWIS, PHILLIP
STREET ADDRESS 1040 NORTH STONEY POINT
CITY-ST-ZIP CRYSTAL RIVER FL 34423-0579

☒ DELETE

TITLE SD
NAME DOMINO, ANNA M
STREET ADDRESS 1040 NORTH STONEY POINT
CITY-ST-ZIP CRYSTAL RIVER FL 34423-0579

☒ DELETE

TITLE TD
NAME GILSON, THOMAS R
STREET ADDRESS 1040 NORTH STONEY POINT
CITY-ST-ZIP CRYSTAL RIVER FL 34423-0579

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7346 St. Pat's Church Rd

Greenleaf W. St 26

MICHAEL T. GILSON

6179 JONQUIL ST.

CRESTVIEW, FL 32539

\$ BANK

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

12-31-97

352-818-3100

CR2E034 (10/97)