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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000088700 (4) **DOCUMENT #**

ARK WATER, INC.

Principal Place of Business

Mailing Address

FILED Jan 15 1998 8:00am Secretary of State



9895 S. INDIAN RIVER DR. 9895 S. INDIAN RIVER DR. FT. PIERCE FL 34982-7847 FT. PIERCE FL 34982-7847 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/14/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-07869. 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. X Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KENNAUGH, CARL A 9895 S. INDIAN RIVER DR. 82 Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FL 34982-7847 83 City Zip Code 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE ☐ Change Addition KENNAUGH, CARL A NAME 1.2 NAME 9895 S. INDIAN RIVER DR. STREET ADDRESS 1.3 STREET ADDRESS FT. PIERCE FL 34982-7847 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE KENNAUGH, ROBERTA A NAME 2.2 NAME 9895 S. INDIAN RIVER DR. STREET ADDRESS 2.3 STREET ADDRESS FT. PIERCE FL 34982-7847 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIE 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$T-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition 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 filling 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 chapted, or on an attachment with an address.

SIGNATURE:

MARIA: KEINAUGH DIRROTOR 1-5-98 ACS61-871-1001