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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90031 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000004831

1. Corporation Name
HYDRO GROWTH SYSTEMS, INC.

Principal Place of Business

1211 TECH BOULEVARD
SUITE 101
TAMPA, FL 33619

Mailing Address

1211 TECH BOULEVARD
SUITE 101
TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1998

2. Principal Place of Business

21 1211 TECH BOULEVARD

Suite, Apt. #, etc.

22 SUITE 101

City & State

23 TAMPA, FL

Zip

24 33619

Country

25

2a. Mailing Address

26 P.O. BOX 22023

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL

Zip

29 33622-2023

Country

30

4. FEI Number

59-3490586

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 the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

XXXXXX AVIS, RICHARD T. ESQ.
1211 TECH BOULEVARD
SUITE 101
TAMPA, FL 33619

10. Name and Address of New Registered Agent

81 Name

DRAKEFORD & DRAKEFORD, P.A.

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

2212 E 4TH AVENUE

83

84 City

TAMPA

FL

85 Zip Code

33622-2023

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.

WALTER H.C. DRAKEFORD, SENIOR MANAGING DIRECTOR 4/28/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PTD

☐ Change ☒ Addition

1.2 NAME

TILLMAN, THOMAS M.

1.3 STREET ADDRESS

1211 TECH BOULEVARD, SUITE 101

1.4 CITY-ST-ZIP

TAMPA, FL 33619

2.1 TITLE

SD

☐ Change ☒ Addition

2.2 NAME

AVIS, RICHARD T.

2.3 STREET ADDRESS

1211 TECH BOULEVARD, SUITE 101

2.4 CITY-ST-ZIP

TAMPA, FL 33619

3.1 TITLE

D

☐ Change ☒ Addition

3.2 NAME

HOWE, DAVID B.

3.3 STREET ADDRESS

1211 TECH BOULEVARD, SUITE 101

3.4 CITY-ST-ZIP

TAMPA, FL 33619

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID B. HOWE, DIRECTOR 4/27/99

Date

Daytime Phone #

CR2E034 (11/98)