

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

04-06-1999 90093 050 \*\*\*150.00

DOCUMENT # P98000040877

1. Corporation Name  
H2O INVESTMENTS, INC.

Principal Place of Business  
122 AZALEA DRIVE  
DESTIN FL 32541

Mailing Address  
P.O. BOX 5404  
DESTIN FL 32540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1998

2. Principal Place of Business

21 8B Commerce Road

Suite, Apt. #, etc.

22

City & State

23 DESTIN, FLORIDA

Zip

24 32541

Country

25 USA

2a. Mailing Address

26 P.O. BOX 1785

Suite, Apt. #, etc.

27

City & State

28 DESTIN, FLORIDA

Zip

29 32540

Country

30 USA

4. FEI Number

59-3508425

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

BLUE, ROB JR.  
221 MCKENZIE AVENUE  
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME LINN, JEFF R  
STREET ADDRESS 608 BEACH DRIVE  
CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ DELETE  
NAME KNIGHT, THOMAS V  
STREET ADDRESS P.O. BOX 5404  
CITY-ST-ZIP DESTIN FL 32540

TITLE D ☒ DELETE  
NAME WOODYARD, DERRICK  
STREET ADDRESS P.O. BOX 5404  
CITY-ST-ZIP DESTIN FL 32540

TITLE D ☒ DELETE  
NAME RILEE, JOHN K  
STREET ADDRESS P.O. BOX 5404  
CITY-ST-ZIP DESTIN FL 32540

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 ☐ 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

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:

*Jeffrey R. Linn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99 850-837-8474  
Date Daytime Phone #

CR2E034 (11/98)