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Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90066 024 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000045731

1. Corporation Name  
HYDRO AGE, INC.

Principal Place of Business  
417 SOUTHAMPTON DRIVE  
INDIALANTIC FL 32903

Mailing Address  
P.O. BOX 411234  
MELBOURNE FL 32941-1234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/18/1998

2. Principal Place of Business  
21 5695 HYDRO AGE LANE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

4. FEI Number  
59-3510094  
Applied For  
Not Applicable

22 City & State  
23 COCOA BREVARD  
Zip Country  
24 32926 25

27 City & State  
28 Zip Country  
29 30

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POWELL, ROY  
417 SOUTHAMPTON DRIVE  
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name Roy POWELL  
82 Street Address (P.O. Box Number is Not Acceptable)  
348 MYRTLEWOOD ROAD  
83  
84 City MELBOURNE FL 85 Zip Code 32940

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	RATHMANN, JAMES T	6855 S TROPICAL TRAIL	MERRITT ISLAND FL 32952	<input type="checkbox"/>
D	CALLIGARO, LEO	417 SOUTHAMPTON DRIVE	INDIALANTIC FL 32903	<input type="checkbox"/>
D	POWELL, ROY	880 KERRY DOWNS CIRCLE	MELBOURNE FL 32940	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (11/98)