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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

9. Name and Address of Current Registered Agent

Mar 25, 1999 8:00 am **Secretary of State**

03-25-1999 90029 026 ***150.00

DOCUMENT # P98000080930

1. Corporation Name

H20 SERVICES, INC.

Principal Place of Business	
205 N. COLLIER BOULEVARD SUITE 236	
MARCO ISLAND FL 34145	
2. Principal Place of Business	-
1100 Commercial Elv Suite, Apt. #, etc.	d

Mailing Address

2a. Mailing Address

1340 Deport Suite, Apt. #, etc

Suite 300 City & State

26

205 N. COLLIER BOULEVARD SUITE 236

MARCO ISLAND FL 34145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed	
09/14/1998	
4. FEI Number	 Applied For
59_3538529	Not Applicable
 5. Certificate of Status Desired	\$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

Florida	28 Rocky Rive	er. Chio	Trust Fund Contribution	Added
Country	Zip	Country	8. This corporation owes the current ye	ear Intangible
25 77 0	29 44116	30 77.0	Personal Property Tax.	y⊑ Yes

81 Name

WEST.	GREGORY R
205 N.	COLLIER BOULEVARD
SUITE	236
~~~~	LUU

MARCO ISLAND FL 34145

		D.	Michae	1 Sherma	n
82	Street A	ddress (P.O	. Box Num	ber is Not A	cceptable
		1550	MFidd	lesticks	Blvd.
83			50 L TOO.	200020	
84	City	•			
	l ´	T-lead-	<b>16</b>		

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 agent, or both, in the State of Florida. Such changes stationard by the corporation's board of directors. I hereby accept the appointment as registered agent, and applications of Section 607,0605. Florida Stations of Section 607,0605.

agent. I am familiar with fand accept the objections of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	HAG Sh	lemman V.P.	3-20-99		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTO	RS IN 12	
TITLE	DELETE	1.1 TITLE		☐ Change	Addition	
NAME		1.2 NAME	P			
STREET ADDRESS	•	1.3 STREET ADDRESS	West, Gregory R.			
CITY-ST-ZIP		1.4 CITY-ST-ZIP	1100 Commercial Blvd. Naples, FL 34101			
TITLE	☐ DELETE	2.1 TITLE	_	Change	Addition	
NAME .		2.2 NAME	V			
STREET ADDRESS		2.3 STREET ADDRESS	Sherman, D. Michael	_		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	15520 Fiddlesticks Blvd.		_	
TITLE	☐ DELETE	3.1 TITLE	Ft. Myers, FL 33912	☐ Change	Addition	
NAME		3.2 NAME	Kmetz, Michael J.		ļ	
STREET ADDRESS		3.3 STREET ADDRESS	1340 Depot St.			
CITY-ST-ZIP		3.4. CITY-ST-ZIP	Rocky River, OH 44116			
TITLE	DELETE	4.1 TITLE	italy idvary at this	Change	☐ Addition	
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TTTLE		☐ Change	☐ Addition	
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	
	and the second of the second o	6.2 NAME	, ,			
STREET ADDRESS	in the The State of the State o	6.3 STREET ADDRESS				
CITY, ST. 7ID	V V	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.

□No

Zip Code