

DOCUMENT # P99000011694

1. Entity Name

AQUA TECH MANUFACTURING, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

01-24-2000 90032 032 ***158.75

Principal Place of Business Mailing Address
 6731 STUART AVE., UNIT 10 P.O. BOX 756
 JACKSONVILLE FL 32254 MIDDLEBURG FL 32050-0756



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|-------------------------|---------------------|------------------------|--|--|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3556237 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| City & State | | City & State | | | | | |
| Zip | Country DUVAL | Zip | Country CLAY | | | | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent HINGSON, DIANA L 6731 Stuart Ave Unit 10 Jacksonville, FL 32254 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|---|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Diana L. Hingson* *Diana L. Hingson* *17 Apr 00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|--|---|--|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HINGSON, DIANA L P.O. BOX 756 N/A MIDDLEBURG FL 32050 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HINGSON, HAL DAVID JR P.O. BOX 756 MIDDLEBURG FL 32050 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diana L. Hingson* *17 Apr 00* *904-533-3332*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)