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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S93402** **(3)**

1. Corporation Name
AQUA CRAFTERS OF VOLUSIA COUNTY, INC.

Principal Place of Business	Mailing Address
1308 NORTH SIDE DR. ORMOND BCH. FL 32174 1925 E. Plymouth AVE. Deland, FL. 32724	1308 NORTHSIDE DR. ORMOND BEACH FL 32174-3959 1925 E. Plymouth AVE. Deland, FL. 32724

3. Date Incorporated or Qualified: **11/07/1991**
3a. Date of Last Report: **04/10/1996**

4. FEI Number: **65-0301830** ? ? 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1925 E. Plymouth AVE.	26 1925 E. Plymouth AVE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Deland, FL.	City & State 28 Deland, FL.
Zip 24 32724 Country 25 VOLUSIA	Zip 29 32724 Country 30 VOLUSIA

9. Name and Address of Current Registered Agent

LANPHEAR, KEITH L.
305 N U.S. 1
ORMOND BCH. FL 32174

ADDRESS Change →

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1925 E. Plymouth AVE.
83
84 City Deland FL 85 Zip Code 32720

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 Keith L. Lanphear 4/31/97
Signature, typed or printed name of registered agent, and title if applicable (DATE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LANPHEAR, KEITH L.	1.2 NAME	
STREET ADDRESS	305 N U.S. 1 1925 E. Plymouth AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH. FL Deland, FL. 32724	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ 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
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Keith L. Lanphear 4/31/97 904 740-0099