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May 04, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V07334

1. Corporation Name

HIDDEN WATERS GROUP, INC.

Principal Place of Business

P.O. BOX 216
ENGLEWOOD FL 34223

Mailing Address

P.O. BOX 216
01
ENGLEWOOD FL 34223
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1992

4. FEI Number

NOT APPLICABLE

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

HORKY, WILLIAM
4 BARBADOS
ENGLEWOOD FL 34223

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

William Horky

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP
NAME HORKY, WILLIAM
STREET ADDRESS 4 BARBADOS
CITY-ST-ZIP ENGLEWOOD FL

TITLE P
NAME HORKY, JANICE
STREET ADDRESS 4 BARBADOS
CITY-ST-ZIP ENGLEWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V
1.2 NAME HORKY, WILLIAM
1.3 STREET ADDRESS 4 BARBADOS
1.4 CITY-ST-ZIP ENGLEWOOD, FL. 34223

2.1 TITLE S/T
2.2 NAME HORKY, JANICE
2.3 STREET ADDRESS 4 BARBADOS
2.4 CITY-ST-ZIP ENGLEWOOD, FL. 34223

3.1 TITLE P
3.2 NAME TREVEY HOWARD W.
3.3 STREET ADDRESS 2220 STICKNEY RD #542
3.4 CITY-ST-ZIP SARASOTA, FL. 34231

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

William Horky

Date

Daytime Phone #

941-475-3364

CR2E034 (1/98)