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

CITY-ST-ZIP

SIGNATURE:

May 07 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)V07936 HYDRO-KLENZ, INC. Principal Place of Business Mailing Address 6913 POTTS ROAD 6913 POTTS ROAD RIVERVIEW FL 33569 RIVERVIEW FL 33569 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/17/1992 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 59-3102620 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip 25 29 Personal Property Tax due June 30. 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **BICKERT, WILLIAM A** 6913 POTTS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) RIVERVIEW FL 33569 83 Zip Code 11. Pursuant to the provisions of Sections 607 050? and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered upont. Observation in the State of Florida Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 11 TITLE ☐ Change President 1.2 NAME BICKERT, WILLIAM A. STREET ADDRESS 6913 POTTS RD. 1.3 STREET ADDRESS RIVERVIEW FL 33569 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE STD NAME **BICKEET, DANIEL W** 2.2 NAME 6913 POTTS ROAD STREET ADDRESS 2.3 STREET ADORESS RIVERVIEW FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-Z#P 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADORESS** STREET ADDRESS

14. Thereby 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 opport is frue 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 corporated in or the reviewer of the corporated in t

4/28/98

**FILED**