FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # V08121

1. Corporation Name

H2O Technologies, Inc.

Principal Place of Business	Mailing Address
111 N. Missouri Ave. Largo, FL 34640	c/o J. R. Battle, Esq P.O. Box 1377 Crystal River, FL 34423-1377

2. Principal Place of Business	21 111 N. Missouri Ave.	2a. Mailing Address	26 c/o John R. Battle
Suite, Apt #, etc	22	Suite, Apt #, etc	27 P.O. Box 1377
City & State	23 Largo, FL 34640	City & State	28 Crystal River, FL
Zip	24 34640	Zip	29 34423-1377
Country	25 Pinellas	Country	30 Citrus

3. Date Incorporated or Qualified: 1/20/92
3a. Date of Last Report: 4/12/95
4. FEI Number: 59-310-1515 ☐ 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

9. Name and Address of Current Registered Agent

Battle, Maxwell G. Jr.
1022 Main St.
STE J
Dunedin, FL 34698

10. Name and Address of New Registered Agent

81 Name: John R. Battle
82 Street Address (P.O. Box Number is Not Acceptable): 11306 West Pool Ct.
83
84 City: Crystal River FL
85 Zip Code: 34429

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 [signature] John R. Battle, President 4-29-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	Director
NAME	John R. Battle
STREET ADDRESS	11306 West Pool Ct
CITY ST ZIP	Crystal River, FL 34429
TITLE	Director
NAME	Max G. Battle, Sr.
STREET ADDRESS	2146 Beecher Rd.
CITY ST ZIP	Clearwater, FL 34625
TITLE	Director
NAME	Albert A. Wood
STREET ADDRESS	4830 Blue Jay Circle
CITY ST ZIP	Palm Harbor, FL 34683
TITLE	Director
NAME	John Downes
STREET ADDRESS	803 Sparrow Ave.
CITY ST ZIP	Palm Harbor, FL 34683
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		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS	pk 511	
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] John R. Battle, President 4-29-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date/Phone #