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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 APR 29 AM 6:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V08121 (8)

1. Corporation Name  
H2O TECHNOLOGIES, INC.

Principal Place of Business  
111 NO MISSOURI AVE  
LARGO FL 34640  
US

Mailing Address  
C/O JOHN R. BATTLE  
P.O. BOX 1377  
CRYSTAL RIVER FL 34423-1377  
US

3. Date Incorporated or Qualified  
01/20/1992

3a. Date of Last Report  
07/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3101515

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

10. Name and Address of New Registered Agent

BATTLE, JOHN R  
11306 WEST POOL CT  
CRYSTAL RIVER FL 34429

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME BATTLE, JOHN R  
STREET ADDRESS 11306 WEST POOL CT  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

100002159241-114  
-04/30/97--01001--008  
\*\*\*\*\*165.00 \*\*\*\*\*165.00

TITLE D  
NAME BATTLE, MAX G SR  
STREET ADDRESS 2146 BEECHER RD  
CITY-ST-ZIP CLEARWATER FL 34625

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE D  
NAME WOOD, ALBERT A  
STREET ADDRESS 4830 BLUE JAY CIRCLE  
CITY-ST-ZIP PALM HARBOR FL 34683

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE D  
NAME DOWNES, JOHN  
STREET ADDRESS 803 SPARROWS AVE  
CITY-ST-ZIP PALM HARBOR FL 34683

DELETE

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

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

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

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John R. Battle Pres.  
4-28-97 552 795 7699

CR2E034 (9/96)