

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90037 020 ***150.00

DOCUMENT # V51289

1. Corporation Name

AQUATERRE ENTERPRISES, INC.

Principal Place of Business

7808 LAS CANAS CT
JACKSONVILLE FL 32256
US

Mailing Address

#9 SW 13TH
FT LAUDERDALE FL 33315
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1992

4. FEI Number

65-0345453

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

2. Principal Place of Business

21 27 Loggerhead Lane

2a. Mailing Address

Suite, Apt. #, etc.

22 City & State

23 Ponte Vedra Beach Florida

27 City & State

24 32082 25 St. Johns

29 30 Country

9. Name and Address of Current Registered Agent

RENEAU, ROBERT A.
7808 LAS CANAS CT
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name Robert A. Reneau

82 Street Address (P.O. Box Number is Not Acceptable)

83 27 Loggerhead Lane

84 City Ponte Vedra Beach

85 FL 32082

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

2/12/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME RENEAU, ROBERT A
STREET ADDRESS 7808 LAS CANAS CT
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VP ☐ DELETE

NAME RENEAU, JODI W
STREET ADDRESS 7808 LAS CANAS CT
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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 27 Loggerhead Lane
1.4 CITY-ST-ZIP Ponte Vedra Beach Florida 32082

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 27 Loggerhead Lane
2.4 CITY-ST-ZIP Ponte Vedra Beach Florida 32082

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
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99 (954)439-3930

Date

Daytime Phone #

CR2E034 (11/98)