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 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V65046** **(7)**

1. Corporate Name

EWATRA CORPORATION

Principal Place of Business

1318 LAFAYETTE ST
CAPE CORAL FL 33904

Mailing Address

1318 LAFAYETTE ST
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/16/1992**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **65-0354903** ☐ 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 § 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HILL, THOMAS W.
1318 LAFAYETTE ST
CAPE CORAL FL 33904

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
15 TITLE	D	71 TITLE	☐ Change ☐ Addition
16 NAME	HILL, THOMAS W.	72 NAME	
17 STREET ADDRESS	1318 LAFAYETTE ST	73 STREET ADDRESS	
18 CITY ST ZIP	CAPE CORAL FL	74 CITY ST ZIP	
19 TITLE		75 TITLE	☐ Change ☐ Addition
20 NAME		76 NAME	
21 STREET ADDRESS		77 STREET ADDRESS	
22 CITY ST ZIP		78 CITY ST ZIP	
23 TITLE		79 TITLE	☐ Change ☐ Addition
24 NAME		80 NAME	
25 STREET ADDRESS		81 STREET ADDRESS	
26 CITY ST ZIP		82 CITY ST ZIP	
27 TITLE		83 TITLE	☐ Change ☐ Addition
28 NAME		84 NAME	
29 STREET ADDRESS		85 STREET ADDRESS	
30 CITY ST ZIP		86 CITY ST ZIP	
31 TITLE		87 TITLE	☐ Change ☐ Addition
32 NAME		88 NAME	
33 STREET ADDRESS		89 STREET ADDRESS	
34 CITY ST ZIP		90 CITY ST ZIP	
35 TITLE		91 TITLE	☐ Change ☐ Addition
36 NAME		92 NAME	
37 STREET ADDRESS		93 STREET ADDRESS	
38 CITY ST ZIP		94 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is true and does not qualify for the exemptions 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: Thomas W Hill 2/9/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0320711 CP

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
95 MAY -1 PM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V65218** **(2)**

1. Corporation Name

P & D PROPERTIES, INC.

Principal Place of Business	Mailing Address
13015 GULF BLVD. MADEIRA BEACH FL 33708	13015 GULF BLVD. MADEIRA BEACH FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3149590	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	

2. Principal Place of Business [21]	2a. Mailing Address [26]
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]
City & State [23]	City & State [28]
Zip [24] Country [25]	Zip [29] Country [30]

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MALGADEY, PETER G. 13015 GULF BLVD. MADEIRA BEACH FL 33708	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 ______ DATE ______

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MALGADEY, PETER G.	1.2 NAME	
STREET ADDRESS	13015 GULF BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MALGADEY, BETHEL E	2.2 NAME	
STREET ADDRESS	13015 GULF BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEDEIRA BEACH FL 33708	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I the undersigned hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), 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: Peter Malgadey 4/10/95 813-391-0388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0308194 CP