

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000136099

Entity Name: STUDIO AQUATICS, INC.**Current Principal Place of Business:**ONE LAKE MORTON DRIVE
P.O. BOX 3
LAKELAND, FL 33802-0003**Current Mailing Address:**P.O. BOX 3
LAKELAND, FL 33802 US**FEI Number: 20-0437924****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VREELAND, JOHN K
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title DP
Name VREELAND, JOHN K
Address 3918 CANYON LAKE POINT
City-State-Zip: LAKELAND FL 33813Title D, TRASURER
Name VREELAND, MARIE LOUISE
Address 3918 CANYON LAKE POINT
City-State-Zip: LAKELAND FL 33813Title DVP
Name VREELAND, TODD J
Address 928 WEDGEWOOD LANE
City-State-Zip: LAKELAND FL 33813Title DVP
Name VREELAND, J KYLE
Address 2625 NEVEDA ROAD
City-State-Zip: LAKELAND FL 33803Title SECRETARY
Name VREELAND, CHRISTY D
Address 928 WEDGEWOOD LANE
City-State-Zip: LAKEALND FL 33813

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN K VREELAND**PRESIDENT****03/28/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date