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FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000066425 (8)

1. Corporation Name

H2O UTILITY SERVICES, INC.

Principal Place of Business

Mailing Address

~~1518 U.S. HIGHWAY 19  
SUITE C  
HOLIDAY FL 34691  
US~~

~~1518 U.S. HWY. 19  
SUITE C  
HOLIDAY FL 34691  
US~~

2. Principal Place of Business

2a. Mailing Address

21 1817 U.S. HIGHWAY 19

26 1817 U.S. HIGHWAY 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 HOLIDAY, FL

28 HOLIDAY, FL

24 Zip

Country

29 Zip

Country

25 34691

US

30 34691

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DEREMER, GARY  
10411 LEANING OAK DRIVE  
PORT RICHEY FL 34688~~

81 Name

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

5537 SEAFORREST DR.

83

UNIT #302

84 City

NEW PORT RICHEY

FL

85 Zip Code

34652

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 PST  
NAME DEREMER, GARY  
STREET ADDRESS 10411 LEANING OAK DR  
CITY-ST-ZIP PORT RICHEY FL

TITLE V  
NAME HINES, JEFFREY G  
STREET ADDRESS 671 WANETA COURT  
CITY-ST-ZIP WINTER SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

6.1 TITLE  
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.

SIGNATURE:

4-14-98

CR2E034 (10/97)