

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0111006

PROFIT CORPORATION ANNUAL REPORT 1999



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

**FILED**  
 99 JUL 26 AM 10:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F97000001765 ✓  
 1. Corporation Name  
 SOUTHEAST WATER CONDITIONING, INC.



Principal Place of Business: 310 N. LEE STREET, KINGSLAND GA 31548 US  
 Mailing Address: PO BOX 1618, KINGSLAND GA 31548

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	04/07/1997	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
City & State		City & State		74-2714391	
Zip		Country		Applied For	
24	25	29	30	Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
SAFER, ELIOT J 3974 WOODCOCK DR, SUITE 100 JACKSONVILLE FL 32207				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.	
				Yes No	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPTD	1.1 TITLE	
NAME	HALL, C.R.	1.2 NAME	
STREET ADDRESS	217 PATTIE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS 67211	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	HALL, LINDSAY L	2.2 NAME	
STREET ADDRESS	217 PATTIE	2.3 STREET ADDRESS	400002953054--6
CITY-ST-ZIP	WICHITA KS 67211	2.4 CITY-ST-ZIP	-08/06/99--01075--015
TITLE		3.1 TITLE	***150.00
NAME		3.2 NAME	***150.00
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Valene K. Mason Valene K. Mason 7-9-99 (912) 799-4925

CR2E034 (5/99)