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

Mailing Address

1285 CHASE HAMMOCK RD

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000070927

Principal Place of Business

1285 CHASE HAMMOCK RD

SUITE 104

## **H20 WATER TREATMENT COMPANY**

MERRITT ISLAND FL 32953		MERRITT ISLAND FL 32953		DO NOT WRITE IN THIS SPACE					
MERITI IOUAN	V IE VEWV				3. Date Incorporated or Qualifed 08/15/1997				
2 Principal DI	ace of Business	2a. Mailing Address			4. FEI Number	<del></del>	App	lied For	٠,
	ace of business	<u>⊢</u> ,			59-2950753		Not	Applicable	
21		Suite, Apt. #, etc.			_ \$	8.75 Ac			
Suite, Apt. #, etc.		27		5. Certifcate of Status Desired		Fee Req			
22		City & State		6. Election Campaign Financing		5.00 N	lov Be		
City & State		· ·		Trust Fund Contribution	1 1	Added to			
23 Country		Zip Country		8. This corporation owes the curr					
Zip			, ´		Personal Property Tax.	ent year mangi		PNo	
24	25		<u>'</u>	-	10. Name and Address of New F				
	9. Name and Address of Current	Registered Agent	81	Name	To: Hame and Address of Heart				
LIAIT	GHWOUT, HUGH O		"		<u> </u>				
	CHASE HAMMOCK RD		82 Street Add		ress (P.O. Box Number is Not Accepte	able)	• •		
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MEH	RITT ISLAND FL 32953		83			独留花			
			84	City	No. of the second	F. 8:	5 Zip C	ode	
						<u> FL</u>			
11., Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the above	e-named corp	poration submits this statement for the ion's board of directors. I hereby accept	purpose of char at the appointme	nging its r int as regi	egistered istered	
agent. La	egistered agent, or both, in the State to m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes			• • •	_	}	
SIGNATURE	· · · · · · · ·								
SIGNATORE	Signature, typed or printed name of registered agen			nt signature require	ed when reinstating)	DATE	IDECTOR	10 IN 12	(80)
12.	OFFICERS AN		13.	<del></del>	ADDITIONS/CHANGES TO OF		Change	Addition	(41/
TITLE	PV	☐ DELETE	1.1 TITLE				Change		
NAME	HAUGHWOUT, HUGH O		1.2 NAME					j	E034
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CITY-ST-ZIP	MERRITT ISLAND FL 32953		1.4 CITY-S	T-ZIP					ò
TITLE	HAUG	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	HWOUT, DORIS K		2.2 NAME		•				
STREET ADDRESS	1285 CHASE HAMMOCK RD		2.3 STREE	T ADDRESS		•			
•	MERRITT ISLAND FL 32953		2.4 CITY-S	ST-ZIP		•			
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NAME			5.2 NAME		•				
STREET ADDRESS				TADDRESS					1
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE	1			Change	☐ Addition	ĺ

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

E OF SIGNING OFFICER OR DIRECTOR

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 of 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 than the information indicated the same legal effect as if made under oath; that I am an officer or director of the corporation of 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 that it is not a supplemental annual report of the corporation of the receiver of 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 that it is not a supplemental annual report of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

02-16-1999 90053 043 \*\*\*150.00