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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J48202

	BE, MARK WESTFORD DRIVE	82	Street	Address (P.O. Box Number is Not Acceptable)		
	PKA FL 32703	83				<del>7 (3 f.T.</del>
		84	City	8	5 Zip C	ode
			•	<u> </u>		
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statute egistered agent, or both, in the State of Florida. Such change was aum familiar with, and accept the obligations of, Section 607.0505, Flori	thorized by 1	the com	corporation submits this statement for the purpose of cha- oration's board of directors. I hereby accept the appointment	nging its ent as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Penistered Anant	eionature	required when reinstating) ' . DATE		
12.	OFFICERS AND DIRECTORS	13.	alginaturo .	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	RS IN 12
TITLE	DP □ DELETE	1.1 TITLE		17.7. A	Change	Addition
NAME	WABBE, MARK W.	1.2 NAME				
STREET ADDRESS	3426 WESTFORD DRIVE	1.3 STREET	ADDRESS			
	APOPKA FL	1.4 CITY-ST				ļ
CITY-ST-ZIP TITLE	D DELETE	2.1 TITLE			Change	Addition
NAME	WABBE, CARMEN R.	2.2 NAME				
STREET ADDRESS	3426 WESTFORD DRIVE	2.3 STREET	ADDRESS			
CITY-ST-ZIP	APOPKA FL	2. 4 CITY-ST				
TITLE	□ DELETE	3.1 TITLE			Снапде	☐ Addition
NAME .		3.2 NAME		2540.8%		
STREET ADDRESS		3.3 STREET	ADDRESS	i de la companya de l	,	41.5
CITY-ST-ZIP		3.4. CITY-S1	T-ZIP	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
TITLE	☐ DELETE	4.1 TITLE	-		Change	. Addition
NAME .		4. 2 NAME				
STREET ADDRESS		4.3 STREET	ADDRESS			
CITY-ST-ZIP '	چې وغولانها د د چې وغولانها د د د د د د د د د د د د د د د د د د د	4.4 CITY+ST	-ZIP			
TITLE	☐ DELETÉ	5.1 TITLE			Change	Addition
NAME.		5.2 NAME				
STREET ADDRESS	•	5.3 STREET	ADDRESS		40 34	Maria di
CITY-ST-ZIP	为17年(2019年)2018年(2018年)2018年	5.4 CITY-ST	-ZIP			
TITLE	□ DELETE	6.1 TITLE			Change	☐ Addition
NAME	The state of the s	6.2 NAME				
STREET ADDRESS		6.3 STREET	ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST				
14. I hereby of indicated officer or	pertify that the information supplied with this filing does not qualify for on this annual report or supplemental annual report is true and accur director of the corporation or the receiver or trustee empowered to experience of the corporation or the receiver or trustee empowered to experience of the corporation or the supplementation of the corporation	ate and that ecute this re	my sigr port as	nature shall have the same legal effect as it made under or required by Chapter 607, Florida Statutes; and that my na	ath; that i	am an

**FILED** Jan 26, 1999 8:00am **Secretary of State** 

01-26-1999 90038 005 \*\*\*150.00

HAGUE	Water Conditioning O	F OHLANDO, INC.			
Principal Place	e of Business	Mailing Address		3 1085118 3111 01661 10114 11851 08118 11	01 01011 01011 01011 01011 01011 01011 1601
2581 PEMBERT	ON DR.	2581_PEMBERTON.DR			
APOPKA FL 32	703	APOPKA FL 32703		DO NOT WRITE I	N THIS SPACE
				3. Date Incorporated or Qualifed	TETRIO OF AGE
		,		12/22/1986	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
2. 1 micipai i	igos of Basilloss	26		59-2752972	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	\$8.75 Additional
	·	27		5. Certifcate of Status Desired	Fee Required
City & Stat	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Angel Commission	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current	
24	25		30	Personal Property Tax.	¥ Yes □ No
	9. Name and Address of Curre	int Registered Agent	94 1	10. Name and Address of New Regi	stered Agent
14/AFR	DE MADY	•	81 Name		
WAD	BBE, MARK B WESTFORD DRIVE		82 Street Ad	dress (P.O. Box Number is Not Acceptable	)
` 3420 ADA	PKA FL 32703		<u>                                 </u>		
APO	PRA FL 32703		83		
	· .		84 City		85 Zip Code
					FL   S   Z   VOUS
11. Pursuant office or ragent. I a	ım familiar with, and accept the oblig	gations of, Section 607.0505, Flor	nda Statutės.	rporation submits this statement for the pur tion's board of directors. I hereby accept th	
agent. I a SIGNATURE 12.	m familiar with, and accept the oblig  Signature, typed or printed name of registered ac  OFFICERS A	partions of, Section 607.0505, Flor pent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
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SIGNATURE: MARKEWABBE