

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90138 029 ***150.00

DOCUMENT # P98000094457

1. Corporation Name

LAKE MASTERS AQUATIC WEED CONTROL, INC.

Principal Place of Business

P.O. BOX 161075
ALTAMONTE SPRINGS FL 32716-1075

Mailing Address

P.O. BOX 161075
ALTAMONTE SPRINGS FL 32716-1075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1998

4. FEI Number

59-3541068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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 Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
1116-D THOMASVILLE RD.
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE D
NAME SNYDER, D. JAY ESQ.
STREET ADDRESS 100 2ND AVE. S., STE. 400N
CITY-ST-ZIP ST. PETERSBURG FL 33701

☒ DELETE

TITLE P, D, AS
NAME STUART R. COHEN
STREET ADDRESS 10730 S.E. JUPITER NARROWS DR.
CITY-ST-ZIP HOBE SOUND, FL 33455

☐ DELETE

TITLE D
NAME MICHAEL A. COOK
STREET ADDRESS 417 E. LUMSDEN ROAD
CITY-ST-ZIP BRADON, FL 33511

☐ DELETE

TITLE T, D
NAME THOMAS A. ALEX
STREET ADDRESS 11600 AUDUBON LANE
CITY-ST-ZIP CLEMAT, FL 34711

☐ DELETE

TITLE S, D
NAME W. CLINTON SMALLRIDGE
STREET ADDRESS 195 PARKWOOD DR. S.
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99 (561) 762-6380

Date

Daytime Phone #

CR2E034 (1/98)