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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 520537

1. Corporation Name
WATERS ELECTRIC, INC.

Principal Place of Business

RT 1 BOX 464
CALLAWAY VA 24067

Mailing Address

397 WILLOW CREEK RD.
ROCKY MOUNT VA 24151
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1977

4. FEI Number

59-1734464

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

6387 NWCR152

City & State

Jennings FL

Zip

32053

Country

Hamilton

2a. Mailing Address

26

Suite, Apt. #, etc.

6387 NWCR152

City & State

Jennings FL

Zip

32053

Country

Hamilton

9. Name and Address of Current Registered Agent

WATERS, WASHINGTON P.

RT 1 BOX 464

JENNINGS FL 32053

10. Name and Address of New Registered Agent

81 Name

WATERS W.P.

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

6387 NWCR152

83

84 City

Jennings

FL

85 Zip Code

32053

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	PS	1.1 TITLE	P.S.
NAME	WATERS, W. P.	1.2 NAME	WATERS W.P.
STREET ADDRESS	397 WILLOW CREEK RD.	1.3 STREET ADDRESS	6387 NWCR152
CITY-ST-ZIP	ROCKY MOUNT VA	1.4 CITY-ST-ZIP	JENNINGS FL 32053
TITLE	VD	2.1 TITLE	VD
NAME	WATERS, JEANETTE	2.2 NAME	WATERS JEANETTE
STREET ADDRESS	397 WILLOW CREEK ROAD	2.3 STREET ADDRESS	6387 NWCR152
CITY-ST-ZIP	ROCKY MOUNT VA	2.4 CITY-ST-ZIP	JENNINGS FL 32053
TITLE	DV	3.1 TITLE	D.V.
NAME	WATERS, PAUL E.	3.2 NAME	WATERS PAUL E.
STREET ADDRESS	RT 1. BOX 464	3.3 STREET ADDRESS	1769 FIVE MILE MOUNTAIN ROAD
CITY-ST-ZIP	CALLAWAY VA	3.4 CITY-ST-ZIP	CALLAWAY VA. 24067
TITLE	DC	4.1 TITLE	DC
NAME	WATERS, W.P.	4.2 NAME	WATERS W.P.
STREET ADDRESS	397 WILLOW CREEK ROAD	4.3 STREET ADDRESS	6387 NWCR152
CITY-ST-ZIP	ROCKY MOUNT VA	4.4 CITY-ST-ZIP	JENNINGS FL 32053
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, with all other like empowered.

SIGNATURE:

W. P. Waters Pres. W.P. WATERS

3/10/99

904-938-2281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)