

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000059163

**FILED**  
**Apr 12, 2018**  
**Secretary of State**  
**CC6273070941**

**Entity Name:** ACME WATER SUPPLY & MANAGEMENT COMPANY

**Current Principal Place of Business:**

200 W. WEATHERFIELD AVENUE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

2335 SANDERS ROAD  
NORTHBROOK, IL 60062

**FEI Number:** 55-0877915

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOY, JOHN  
Address        200 WEATHERSFIELD AVENUE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            VP  
Name            FLYNN, PATRICK  
Address        200 WEATHERSFIELD AVENUE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            VP, SECRETARY  
Name            GRANIER, LAURA  
Address        2335 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title            ASST. SECRETARY  
Name            PLUMB, DEBRA  
Address        2335 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title            TREASURER  
Name            ANDREJKO, JIM  
Address        2335 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title            DIRECTOR  
Name            SPARROW, LISA  
Address        2335 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title            DIRECTOR  
Name            GRANIER, LAURA  
Address        2335 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBRA PLUMB

**ASSISTANT SECRETARY    04/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date