

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 143061 (0)

1. Corporation Name

TANGERINE WATER COMPANY, INC



Principal Place of Business

P O BOX 304
NO. SIDE HURON AVE
TANGERINE FL 32777

Mailing Address

P O BOX 304
NO. SIDE HURON AVE
TANGERINE FL 32777

3. Date Incorporated or Qualified

06/22/1944

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1087494

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DYER, LEONARD R
SLOEWOOD DR.
TANGERINE FL 32777

81

Name

Jane E. Miles

82

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

4902 Lake Ola Drive

83

PO Box 398

84

Tangerine

FL

85 Zip Code

32777

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

Jane E. Miles, Treasurer/Director. 3/10/96

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 ☐ DELETE

NAME
BLANTON, STEVE
STREET ADDRESS
LAKE OLA DR
CITY-ST-ZIP
TANGERINE FL

TITLE ☒ DELETE

NAME
STEELE, WALTER B.
STREET ADDRESS
EARLWOOD AVE
CITY-ST-ZIP
TANGERINE FL

TITLE ☐ DELETE

NAME
RUSSELL, PHILLIP
STREET ADDRESS
HURON STR
CITY-ST-ZIP
TANGERINE FL

TITLE ☐ DELETE

NAME
CARDINELL, ROBERT
STREET ADDRESS
PALM LANE
CITY-ST-ZIP
TANGERINE FL

TITLE ☒ DELETE

NAME
DYER, LEONARD
STREET ADDRESS
LAKE & EARLWOOD
CITY-ST-ZIP
TANGERINE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

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

TA miles, Jane ☐ Change ☒ Addition

4902 Lake Ola Dr, POB 398
Tangerine, FL 32777

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

Kellenberger, Dennis ☐ Change ☒ Addition

Lake Ola Dr. ☐ Change ☒ Addition

Tangerine FL 32777 ☐ Change ☒ Addition

D Anderson, David ☐ Change ☒ Addition

Lake Ola Dr. ☐ Change ☒ Addition

Tangerine FL 32777 ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/96 (352) 383-9739

Date

Daytime Phone #

CR2E034 (12/95)