

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

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90157 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 143061

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/22/1944	
		4. FEI Number 59-1087494		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MILES, JANE E. 6962 LAKE OLA DRIVE P.O. BOX 398 TANGERINE FL 32777				10. Name and Address of New Registered Agent 81 Name CONNIE L HURLBURT 82 Street Address (P.O. Box Number is Not Acceptable) 7647 LAKE OLA DRIVE 83 P.O. BOX 485 84 City TANGERINE FL 85 Zip Code 32777			
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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 *Connie L Hurlburt, Treasurer* 3/15/99
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	D	BLANTON, STEVE	<input type="checkbox"/> DELETE	11 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		LAKE OLA DR		12 NAME	CONNIE L. HURLBURT		
STREET ADDRESS		TANGERINE FL		13 STREET ADDRESS	LAKE OLA DRIVE, P.O. BOX		
CITY-ST-ZIP				14 CITY-ST-ZIP	TANGERINE, FL 32777		
TITLE	TS	MILES, JANE	<input checked="" type="checkbox"/> DELETE	21 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		6962 LAKE OLA DRIVE P.O. BOX 398		22 NAME	RUSSELL G. HATHAWAY		
STREET ADDRESS		TANGERINE FL		23 STREET ADDRESS	P.O. BOX 323		
CITY-ST-ZIP				24 CITY-ST-ZIP	TANGERINE, FL 32777		
TITLE	D	RUSSELL, PHILLIP	<input checked="" type="checkbox"/> DELETE	31 TITLE	DS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		HURON STR		32 NAME	LAURA HATHAWAY		
STREET ADDRESS		TANGERINE FL		33 STREET ADDRESS	P.O. BOX 323		
CITY-ST-ZIP				34 CITY-ST-ZIP	TANGERINE, FL 32777		
TITLE	D	CARDINELL, ROBERT	<input type="checkbox"/> DELETE	41 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		PALM LANE		42 NAME	ROBERT ROBERTS		
STREET ADDRESS		TANGERINE FL		43 STREET ADDRESS	P.O. BOX 97		
CITY-ST-ZIP				44 CITY-ST-ZIP	TANGERINE, FL 32777		
TITLE	D	KELLENBERGER, DENNIS	<input type="checkbox"/> DELETE	51 TITLE	D VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		LAKE OLA DRIVE		52 NAME	P.O. BOX 32		
STREET ADDRESS		TANGERINE FL		53 STREET ADDRESS	TANGERINE, FL 32777		
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE	P	WILEY, STEVE	<input checked="" type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		PINE STREET		62 NAME			
STREET ADDRESS		TANGERINE FL		63 STREET ADDRESS			
CITY-ST-ZIP				64 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: *Connie L Hurlburt, Treasurer* 3/15/99 (355) 383-3515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)