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

DOCUMENT #	249334
1. Corporation Name	_10001

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90036 005 ***150.00

Corporation MODERN	N WATER INC						
Principal Place	e of Business	Mailing Address					
P. O BOX 35005 PANAMA CITY BEATON FL 32412 US P.O. BOX 35005 PANAMA CITY BEATON FL 32412 US		412	DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed		_	į
				07/27/1961			
一 つがっっ	lace of Business	2a. Mailing Address	705	4. FEI Number		olied For	
21 2420		26 F.0 , BOX 35 Suite, Apt. #, etc.	005	59-0934238	\$8.75 A	Applicable	ı
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.		5. Certifcate of Status Desired	Fee Re		ı
City & Stat	IMA CITY FLA	Cjty & State	CITY FLA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip 24 324	Country	Zip	Country BAY	This corporation owes the current year Personal Property Tax.		□No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	ered Agent	_	l
440	ACUMA DADUGO I		81 Name				1
	ACHIN, RADIUS L B.E. BALDWIN RD.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)			l
	AMA CITY, FL		83			_	l
3240	-		63				l
			84 City		FL 85 Zip C		
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligat	of Florida. Such change was aut	horized by the corporate	poration submits this statement for the purpo on's board of directors. I hereby accept the a	appointment as reg	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Agent signature require				á
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICER			(11/98
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	MCEACHIN, RADIUS		1.2 NAME	•			F034
STREET ADDRESS	3313 E. BALDWIN RD.		1.3 STREET ADDRESS	•			0
CITY-ST-ZIP	PANAMA CITY, FL 00000	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change	Addition	2
TITLE NAME	M Wayne, Temple L.		2.2 NAME		_ ,	_	l
STREET ADDRESS	3705 W. 16TH ST.		2.3 STREET ADDRESS				ĺ
CTY-ST-ZIP	PANAMA CITY FL		2. 4 CITY-ST-ZIP				l
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition	ł
NAME			3.2 NAME			-	İ
STREET ADDRESS			3.3 STREET ADDRESS				l
CITY-ST-ZIP		_ <u> </u>	-3.4. CITY-ST-ZIP	<u> </u>			l
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition	l
NAME			4. 2 NAME				l
STREET ADDRESS			4.3 STREET ADDRESS				ŀ
C/TY-ST-ZIP		. DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		[Change	Addition	
TITLE			5.3 TITLE 5.2 NAME				
NAME etpert appress			5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition	
NAME		. —	6.2 NAME	1			
Į	}		6.3 STREET ADDRESS	- ,			
STREET ADDRESS			-				

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed or or an attachment with an address, with all other like empowered.

SIGNATURE: