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

1. Corporatio	WEN # 37320)9								
1 '										
J. ALLEI	N WATERS, INC.						1 186108 ettet 18888 titl8 1981	****		
Principal Place of Business Mailing Address						_	 			
'		-	Mailing Address				:			
7040 DEL LAGO			7040 DEL LAGO DR SARASOTA FL 34238-4515							
SARASOTA FL 34238-4515 SARASOTA FL 34238				,			DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualife	ed		
							11/23/1970			
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address			4.	FEI Number		Ap	plied For
21		26	26				59-1307669		No	t Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			5	Certificate of Status Desired		\$8.75 A	
22		27				<u> </u>			Fee Re	quired
City & Stat	e	— <u> </u>	City & State			Į.	Election Campaign Financing	g 🗆	\$5.00	
23	0		Zip Country				Trust Fund Contribution Added to Fees			
Zip	Country	<u> </u>				8. This corporation owes the current year Inta		ntangible Yes		
24	25 29 30 9. Name and Address of Current Registered Agent			U]			Personal Property Tax. Name and Address of New	. Bonistoro		□No
	3. Name and Address of Cu	" rent Negistered Ag	to iit	8	1 Name		Haine and Address of New	r Negisteret	1 Agent	
WAT	'ERS,J ALLEN			Ļ			· ····			
7040 DEL LAGO DR					2 Street Add	Iress (P.O. Box Number is Not Acceptable)				
SARASOTA FL 34238					3		1 2 20 20 3 3 4 4 7 4	Valle (F., Sc.)	4.10 5.40 1.10	20 40 25
							#Candidadiri	监狱		
			-	8	4 City		A AT ABOVE CHIEF CARLES	FI	85 Zip C	Code "" "
7.1. 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.										
	m ramiliar with, and accept the of	ongations of, Section	607.0505, Florida	a Statute	! S.					
SIGNATURE	Signature, typed or printed name of registered	1 agent and title if applicable.	(NOTE: Re	egistered Ag	ent signature require	ed when re	einstating) (14524)	DATE		
12.	OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO C	FFICERS A	ND DIRECTO	RS IN 12
TITLE	PTD		☐ DELETE	1.1 TITLE			th relape		Change	Addition
NAME	WATERS, J. ALLEN			1.2 NAME	:		, ,			
STREET ADDRESS	7040 DEL LAGO DR			1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-	ST-ZIP				- •	
TITLE	VSD		☐ DELETE	2.1 TITLE			•		Change	☐ Addition
NAME	Waters, Brenda s			2.2 NAME						
STREET ADDRESS	7040 DEL LAGO DR			2.3 STRE	ET ADDRESS					ĺ
CITY-ST-ZIP	SARASOTA FL			2. 4 CITY	-ST-ZIP		•			
TITLE -200 t	TYP :		DELETE	3.1 TITLE			* i		☐ Change	Addition
NAME				3.2 NAME						· •
STREET ADDRESS				3.3 STRE	ET ADDRESS			331117	a support	20 6 6 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CITY-ST-ZIP				3.4. CITY-			<u> </u>		OST TO STATE OF	美国委员会 经有
TITLE			☐ DELETE	4.1 TITLE				sons tensilin	Change ;	Addition
NAME				4. 2 NAME	E					ł
STREET ADDRESS				4.3 STRE	ET ADDRESS		•			
CITY-ST-ZIP				4.4 CITY-			 		· ·	
TITLE			☐ DELETE	5.1 TITLE			Y 4:		Change	Addition
NAME				5.2 NAME			, 1627, 1944.	•		· †
STREET ADDRESS				5.3 STREI	ET 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 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.

6.1 TITLE

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ DELETE

☐ Change

Addition

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90052 042 ***150.00