

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 # 382022 (2)

1. Corporation Name

WATER CONDITIONERS OF POLK COUNTY, FLORIDA, INC.



Principal Place of Business

198 S MARIAM LAKE DR.  
PO BOX 1696  
WINTER HAVEN FL 33882

Mailing Address

198 S MARIAM LAKE DR.  
PO BOX 1696  
WINTER HAVEN FL 33882

3. Date Incorporated or Qualified  
05/13/1971

3a. Date of Last Report  
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Bldg-264 Ave C  
Suite, Apt. #, etc.

26 PO Box 1696  
Suite, Apt. #, etc.

22 Bartow Airbase  
City & State

27  
City & State

23 Bartow, FL  
Zip Country

28 Winter Haven, FL  
Zip Country

24 33830 25 Polk

29 33882 30 Polk

4. FEI Number

59-1349574

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

DIEROLF, GERALD E.  
BLDG 264 AVE C, BARTOW AIRBASE  
BARTOW FL 33830

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and the applicable

(If Officer Registered Agent's Signature is required when non-filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTC  
NAME DIEROLF, GERALD E.  
STREET ADDRESS 198 S. MARIAM LAKE DR  
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

TITLE SD  
NAME DIEROLF, PAMELA R.  
STREET ADDRESS 198 S. MARIAM LAKE DR  
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 1318 Hidden Creek Ct.  
1.4 CITY-ST-ZIP Winter Haven, FL 33830

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 1318 Hidden Creek Ct.  
2.4 CITY-ST-ZIP Winter Haven, FL 33830

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

4/4/96 (941) 533-9024  
Daytime Phone #

CR2E034 (12/95)