

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 # 430851

1. Corporation Name

WATER PROCESSING COMPANY

Principal Place of Business

11651 PHILLIPS HWY
JACKSONVILLE FL 32256-1641

Mailing Address

11651 PHILLIPS HWY
JACKSONVILLE FL 32256-1641

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90151 028 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1973

4. FEI Number

59-1470071

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

WATER PROCESSING COMPANY/JOHN G. BELLIOIT
11651 PHILLIPS HIGHWAY
JACKSONVILLE, FL
32256

10. Name and Address of New Registered Agent

81 Name **Jonathan Belloit**

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

11651 Phillips Hwy

83

84 City **Jacksonville**

FL

85 Zip Code

32256

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

Jonathan Belloit

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **PD BELLOIT, JOHN G**
STREET ADDRESS **11651 PHILLIPS HWY**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE ☐ DELETE
NAME **ST GREENE, ROBERT**
STREET ADDRESS **11651 PHILLIPS HWY**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **VP BELLOIT, JONATHAN**
STREET ADDRESS **11651 PHILLIPS HWY**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD Belloit, Jonathan**
1.3 STREET ADDRESS **11651 Phillips Hwy**
1.4 CITY-ST-ZIP **Jacksonville, FL 32256**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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:

Jonathan Belloit

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

Date

(904) 268-0099

Daytime Phone #

CR2E034 (1/98)