

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

003031

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90050 004 \*\*\*150.00

DOCUMENT # 625628

1. Corporation Name

WEST PUTNAM WATER SERVICES, INC.

Principal Place of Business

190 REAVES AVE  
INTERLACHEN FL 32148  
US

Mailing Address

190 REAVES AVE  
INTERLACHEN FL 32148  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1979

4. FEI Number

59-1910299

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 136 DELAWARE AV

Suite, Apt. #, etc.

22 City & State

23 INTERLACHEN FL

Zip

24 32148

Country

25 PUTMAN

2a. Mailing Address

26 136 DELAWARE AV

Suite, Apt. #, etc.

27 City & State

28 INTERLACHEN FL

Zip

29 32148

Country

30 PUTMAN

9. Name and Address of Current Registered Agent

VERMEULEN, RICHARD T  
190 REAVES AVE 136 DELAWARE AV  
INTERLACHEN FL 32148

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME VERMEULEN, RICHARD T

STREET ADDRESS 190 REAVES AVE

CITY-ST-ZIP INTERLACHEN, FL 00000

TITLE ST ☒ DELETE

NAME VERMEULEN, INA S

STREET ADDRESS 190 REAVES AVE

CITY-ST-ZIP INTERLACHEN, FL 00000

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ST ☐ DELETE

NAME WILLIAMS BEATRICE

STREET ADDRESS 136 DELAWARE AV

CITY-ST-ZIP INTERLACHEN FL 32148

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD T. VERMEULEN

Date

Daytime Phone #

5-7-99 (904) 684 2352

CR2E034 (11/98)