

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90067 009 \*\*\*150.00

B0027642



DO NOT WRITE IN THIS SPACE

DOCUMENT # 671227

1. Entity Name

NORTH FLORIDA WATER TREATMENT, INC.

Feb 26, 2000 8:00 am

Secretary of State

02-26-2000 90067 009 \*\*\*150.00

Principal Place of Business

Mailing Address

N PONCE DE LEON BLVD

3888 N PONCE DE LEON BLVD

AUGUSTINE FL 32084-1281

ST. AUGUSTINE FL 32084-1281

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1997153

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALKNER, KEMP

427 CAMELIA TRL

ST. AUGUSTINE FL 32086

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

NO CHANGE

(NOTE: Registered Agent signature required when reinstating)

2/21/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	Delete	TITLE		Change	Addition
NAME	FALKNER, KEMP E.		NAME			
STREET ADDRESS	427 CAMELIA TRL		STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32086		CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 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

Kemp Falkner

2/21/00

(904) 829 2922

Date

Daytime Phone #