

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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90021 001 *1,270.00

DOCUMENT # 828311

1. Corporation Name

CONSOLIDATED WATER COMPANY

Principal Place of Business

**4837 SWFT RD.
SUITE 100
SARASOTA FL 34231**

Mailing Address

**4837 SWFT RD.
SUITE 100
SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1972

4. FEI Number

36-2365089

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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**ALLEN, GERALD S
4837 SWFT RD.
SUITE 100
SARASOTA FL 34231**

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.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GETMAN, DENNIS J.**
CITY-ST-ZIP **255 ALHAMBRA CIRCLE,
CORAL GABLES FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MCNAIRY, CHARLES L**
CITY-ST-ZIP **255 ALHAMBRA CIRCLE
CORAL GABLES FL**

TITLE ☐ DELETE
NAME **PDC**
STREET ADDRESS **ALLEN, GERALD S.**
CITY-ST-ZIP **4837 SWIFT ROAD., #100
SARASOTA FL 34231**

TITLE ☐ DELETE
NAME **VT**
STREET ADDRESS **MURPHY, MICHAEL**
CITY-ST-ZIP **4837 SWIFT RD., #100
SARASOTA FL 34231**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **CHUBBUCK, ANITA**
CITY-ST-ZIP **4837 SWIFT RD., #100
SARASOTA FL 34231**

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 **201 ALHAMBRA CIR**
1.4 CITY-ST-ZIP **CORAL GABLES FL 33134**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **201 ALHAMBRA CIR**
2.4 CITY-ST-ZIP **CORAL GABLES FL 33134**

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 **MURPHY, MICHAEL E**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **CHUBBUCK, ANITA J**
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:

Anita J. Chubbuck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anita J. Chubbuck

4/13/99

941-925-3088

Date

Daytime Phone #

CR2E034 (1/98)