## 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** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90100 006 \*\*\*150.00

" Obipolation	MENT # F39688 US WATER SYSTEMS, INC				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or which of the line, into	,			
Principal Place	e of Business	Mailing Address		1 1001180 1180 1110 10110 10110 10101 10101 10101	A DIBALUIBIL DIDIA DIBALUIBIA 1001
211 CLAUDE B	RANDON ROAD	211 CLAUDE BRANDON RO	AD		
P.O. BOX 40		P.O. BOX 40		DO NOT WRITE IN TH	IC CDACE
Alachua Fl 3   US	2616	ALACHUA FL 32616 US		Do Not Write in Th     Do Not Write in Th     Do Not Write in Th	IS SPACE
00		00		06/01/1981	•
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2265303	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of States Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing	• \$5.00 May Be
<b>23</b> Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
_ `	25 Country	_ <del>                                    </del>	<del>-</del>	8. This corporation owes the current year I	ntangible □ Yes □ No
24	9. Name and Address of Curre		30	Personal Property Tax.  10. Name and Address of New Registere	
	**	III IVQquarara vQui	81 Nan		a rigani
GRIFFIS, STANLEY H.,JR.				(D.O. D. M. Landa Managarahia)	
211 CLAUDE BRANDON RD			82 Stre	et Address (P.O. Box Number is Not Acceptable)	
ALAC	CHUA FL 32615		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statuter	s, the above-name	ed corporation submits this statement for the purpose of	of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida, Such change was autors of Section 607 0505. Flori	thorized by the co	orporation's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	with man, and accept the cong.	4.0.00 0., 000.00, 001.0000, 1101.0	an Dialatos.		
·	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F		are required when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	☐ DELETE	1.1 TITLE	SEC CONSTANCE W DEHN	☐ Change ☑ Addition
NAME	GRIFFIS, STANLEY H.,JR.		1.2 NAME	BOANDON RD (	003140 [32616])
STREET ADDRESS	211 CLAUDE BRANDON RD.		1.3 STREET ADDRE	SS ZII CLAUPE IST	
CITY-ST-ZIP TITLE	ALACHUA FL	□ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	AMCHUR FL 32615	☐ Change ☐ Addition
NAME			2.1 IIILE 2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRES  2. 4 CITY-ST-ZIP	55	
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME		_	3.2 NAME		,
STREET ADDRESS			3 3 STREET ADDRES	ee ee	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		I
STREET ADDRESS			4.3 STREET ADDRES	ss	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<del></del>	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRES	ss	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	,	
STREET ADDRESS			6.3 STREET ADDRES	38	

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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

904 462 2845 Deytime Phone #