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 # F45376 1. Corporation Name

ATWATER COMPANY

Principal Place of Business Mailing Address									
C/O RICHARD SCHULTZ 6055 BAYOU GRANDE BOULEVARD. N.E. 6055 BAYOU GRANDE BOULEVARD. N.E. 6055 BAYOU GRANDE BOU						DO NOT WRITE IN THIS SE	BACE		
ST. PETERSBUI	RG FL 33703	ST. PETERSBURG FL 33703	ST. PETERSBURG FL 33703			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						09/21/1981			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	opplied For	
21		26		_		159-2131121	سلساب	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27				3. 00	Fee F	Required	
City & Stat	e	City & State	City & State			6. Election Campaign Financing	-	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Intang	_	. .	
24	25	29	30			1 crooman roperty rust	Yes	No	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Ag	ent		
0011	ULTZ DIOLLADO			81∤	Name				
SCHULTZ, RICHARD 6055 BAYOU GRANDE BOULEVARD, N.E.			l i	B2	Street Addre	ess (P.O. Box Number is Not Acceptable)	~		
ST. I	PETERSBURG FL 33703		Ţ	83		, ,		ļ	
			ļ.	84		_ 	85 Zip	Code	
			'	84	City	FL !	45 ZIP	Code	
agent. I a	im familiar with, and accept the obli	gations of, Section 607.0505, Floi	nda Statul	ies.		on's board of directors. I hereby accept the appointment		———-	
	Signature, typed or printed name of registered a	·		gen	nt signature required		<u> </u>		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	Change		
TITLE	DP	☐ DELETE	1.1 TITL			, L	_1 Criange	,	
NAME	SCHULTZ, RICHARD		1.2 NAM		ļ			Ì	
STREET ADDRESS	6055 BAYOU GRANDE BLVD	NE	1.3 STR	EET	ADDRESS				
CITY-ST-ZIP	ST PETERSBRUG, FL 00000		1.4 CITY		r-ZIP	<u> </u>	7.01		
TITLE		DELETE	2.1 TITL	E			Change	e	
NAME			2.2 NAM	Æ		1		ĺ	
STREET ADDRESS			2.3 STR	EET	TADORESS	المناسب			
CITY-ST-ZIP			2. 4 CIT	Y-\$	T-ZIP				
TITLE		☐ DELETE	3.1 TITL	Ε		L] Change	Addition	
NAME			3.2 NAN	Æ				ļ	
STREET ADDRESS			3.3 STR	EET	T ADDRESS	,		ĺ	
CITY-ST-ZIP			3.4. CIT	Y-\$	T-ZIP				
TITLE		☐ DELETE	4.1 TITL	E		{]] Change	e ☐ Addition	
NAME			4, 2 NA	Иξ	\			Ì	
STREET ADDRESS			4.3 STR	ÉET	T ADDRESS			ļ	
CITY-ST-ZIP			4.4 CIT	y-st	T-ZIP				
TITLE		☐ DELETE	5.1 TITL	E			Change	e ☐ Addition	
NAME			5.2 NAN	Æ				l	
STREET ADDRESS			5.3 STR	EET	T ADORESS			l	
CITY-ST-ZIP			5.4 CIT	Y-S1	r-ZIP				
TITLE		☐ DELETE	6.1 TTTL	E			Change	e ☐ Addition	
NAME			6.2 NAM	Æ		•			
			6.3 STR	EFT	TADORESS			,	

SIGNATURE:

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 ameddress with all other like empowered. 727-525-*54*63

FILED

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90044 003 ***150.00