PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **F68366**

1. Corporation Name

WATERFIELD CORPORATION

Principal Place of t	susines
1955 OAKHURST AV WINTER PARK FL 33	Ε
WINTER PARK FL 32	2792
us	

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90097 025 ***150.00

Mailing Address 1955 OAKHURST AVE WINTER PARK FL 32792 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/01/1982 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2201557 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. 5.=Certifcate of Status Desired ==== Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 8. This corporation owes the current year Intangible Possible No. Country Country Zip 30 29 25 9. Name and Address of Current Registered Agent

BROOKS, TERRY A. 2110 E ROBINSON ST ORLANDO FL 32803

	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 (f analisable /NOTE: E	legistered Agent signature rec	puired when reinstating) DATE		
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition	
NAME	WATERFIELD, ZELDA		1.2 NAME			
STREET ADDRESS	AGER GALVINIDGE AUE		1,3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 00000		14 CITY-ST-ZIP			
TITLE	OP .	☐ DELETE	2.1 TTLE	Change	☐ Addition	
NAME	WATERFIELD, BOBBY JOE		2.2 NAME			
STREET ADDRESS	1955 OAKHURST AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 00000		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	Change	☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP	·		
TITLE		☐ DELETE	4.1 TITLE	Change	Addition	
NAME			4.2NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition	
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	Change	☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY, ST. 7ID			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 changer, or on an attachment with an address, with a state of the property of 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 changer, or on an attachment with an address, with a state of the corporation 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