


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90059 030 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94831

1. Corporation Name
INDIAN SPRINGS WATER COMPANY, INC.

Principal Place of Business 5900 S. TAMiami TRl UNIT G SARASOTA FL 34231	Mailing Address 5900 S. TAMiami TRl UNIT G SARASOTA FL 34231
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1982

4. FEI Number

59-2259351

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.

22 SARASOTA, FL.

City & State

23 34233 SARASOTA

Zip

County

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 SARASOTA, FL.

City & State

28 34233 SARASOTA

Zip

County

29

30

9. Name and Address of Current Registered Agent

COOK, JOHN F., ESQ.
330 S ORANGE AVE
SARASOTA FL 34236

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, ROGER W	
STREET ADDRESS	4119 WYATT CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, IRMA A	
STREET ADDRESS	4119 WYATT CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COOK, KAREN L	
STREET ADDRESS	4119 WYATT CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COOK, KEVIN P	
STREET ADDRESS	4119 WYATT CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COOK, JOHN F	
STREET ADDRESS	330 S ORANGE AVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/99

941-921-2595

CR2E034 (11/98)