

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000003188 (8)

1. Corporation Name

ARLINGTON BEACHES WATER TREATMENT SYSTEMS LTD. C  
O.



Principal Place of Business

2033 SAYE DR  
JACKSONVILLE FL 32225

Mailing Address

2033 SAYE DR  
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified  
06/30/1995

3a. Date of Last Report  
6/30/95

2. Principal Place of Business

2a. Mailing Address

21 114 Jackson Rd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt. 7

27

City & State

City & State

23 Jacksonville FL

28

Zip Country

Zip Country

24 32216

25

29

30

4. FEI Number  
51-0277437

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CAROCIO, FRANK~~  
2404 ROGERO RD  
JACKSONVILLE FL 32211

81 Name Dean Treible

82 Street Address (P.O. Box Number is Not Acceptable)

83 SAME

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

*Dean H. Treible*  
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
WILKINSON, KEN  
2033 SAYE DR  
JACKSONVILLE FL 32225

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S  
WILKINSON, RAY  
3443 DEBUSSY RD  
JACKSONVILLE FL 32211

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T  
WILKINSON, MARGE  
3443 DEBUSSY RD  
JACKSONVILLE FL 32211

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T President/T ☒ Change ☐ Addition

1.2 NAME Marge Wilkinson

1.3 STREET ADDRESS 3443 Debussy Rd.

1.4 CITY-ST-ZIP Jacksonville FL 32211 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE *Marge Wilkinson* Marge WilkinSON, President, 3-12-96 904-646-6426  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)