PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90091 024 ***150.00

DOCUMENT # H59796 1. Corporation Name	
ODANOE OO DIODENCED CEDVICEC	INIC

1. Corporation					l				
ORANGE	-CO DISPENSER SERVICE	S, INC			i				
	· · · · · · · · · · · · · · · · · · ·					MIN ili n i nne (2011) (02 54 (661)	L BARL AL DILL BLAND	OLEN BROKE O	
•	•	•							
Principal Place	e of Business	Mailing Address				Alt Ries attiå i åtet rasia rasia			
		P.O. BOX 2158			ļ				
2020 U.S. HWY, 17 SOUTH P.O. BOX 2158 BARTOW FL 33830 BARTOW FL 33831-2158				BO MOTIMPITE MITHIC CO.				ACE.	
US		US				DO NOT WRITE IN THIS SPACE			
						rporated or Qualifed			i
<u> </u>					05/24/1 4. FEI Numb			1 10-	pried For
2. Principal P	face of Business	2a. Mailing Address			59-263		,		Applicable
21		26				<u> </u>		\$8.75	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		,	5. Certifcate	of Status Desired	□ `	Fee Re	
22		27 City & State	<u> </u>		- R Siedion (Campaign Financing		\$5.00	
City & Stat	e	⊢				d Contribution		Added t	
23	Country	28 Zip	Coul	ntry		oration owes the curren	nt vear Intand	ible	
Zip	25	29	30	,		Property Tax.		Yes	□No _
24	9. Name and Address of Curren		1221		10. Name an	d Address of New Re	gistered Ag	ent	
	Marin min Manies at Aprilati			B1 Name		Bruwelheide			Ì
	XANDER, JÖHN R		-	82 Street		umber is Not Acceptab			
2020) U.S. HWY. 17 SOUTH		- {	OZ SUBBL	MODIESS (I.O. BOX M	annon is morehign			
BAR	TOW FL 33830			83	2020 110	11-m 17 C			
	•				2020 05	Hwy. 17 S		es Tin f	- ode
1				84 City	Bartow	•	FLI	85 Zip 0 338	330
	to the new delens of Sections 607 050				ita	this statement for the s	unpose of cha	anging its	registered
11. Pursuant	m the provisions of Sections 007,000)2 and 607.1508, Florida Statu	tes, the at	bernan-evox	corboration annuities (una statement for the b			wietorod
office or r	registered agent, or both, in the State	02 and 607.1508, Florida Statu of Florida. Such change was e stions of Section 807.0585. Fix	tes, the at authorized arida Statu	cove-named by the corp ites.	oration's board of dire	ectors. I hereby accept	the appointm	ent as re	gistered
	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations of the control of		tes, the at authorized orida Statu	ove-named by the corporates.	oration's board of dire	ectors. I hereby accept	the appointment $z/29$	ent as re	gistered
office or n agent. I a SIGNATURE		velken	: Registered	1/1/	required when reinstating)	7/	DATE		
	Signature, typed or printed name of registered age OFFICERS AN	vid and title if applicable (NOTI	E: Registered	Agent signature r	required when reinstating)	sctors. I hereby accept	DATE ICERS AND I	DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ord and title if applicable (NOTI	13.	Apent algnature i	required when reinstating)	7/	DATE ICERS AND I		
SIGNATURE	Stand Dran Styreture, typed or printed name of registered age OFFICERS AN OP MOONEY, GENE	vid and title if applicable (NOTI	13. 1.1 TIT 1.2 NA	Apent algorature i	required when reinstating)	7/	DATE ICERS AND I	DIRECTO	RS IN 12
SIGNATURE 12. , TITLE	Signeture, typed or printed name of registered age OFFICERS AN OP MOONEY, GENE 2020 US HWY 17 SOUTH	vid and title if applicable (NOTI	13. 1.1 TIT 1.2 NA	Apent algnature i	required when reinstating)	7/	DATE ICERS AND I	DIRECTO	RS IN 12
SIGNATURE 12. , TITLE NAME	Stand Dran Styreture, typed or printed name of registered age OFFICERS AN OP MOONEY, GENE	IND DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CTI	Agent algrature of LE ME ME TEET ADORESS Y-ST-ZP	required when reinstating)	7/	DATE ICERS AND I	DIRECTO Change	PRS IN 12
SIGNATURE 12. , TITLE NAME STREET ADDRESS	Signeture, typed or printed name of registered age OFFICERS AN DP MOONEY, GENE 2020 US HWY 17 SOUTH BARTOW FL CD	vid and title if applicable (NOTI	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CTI 2.1 TIT	Appert algreature in the last section of the l	required when reinstating)	7/	DATE ICERS AND I	DIRECTO	RS IN 12
SIGNATURE 12. , TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signeture, typed or printed name of registered age OFFICERS AN DP MOONEY, GENE 2020 US HWY 17 SOUTH BARTOW FL CD GRIFFIN, BEN HILL III	IND DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CTI 2.1 TIT 2.2 NA	Apart algrature i LE ME ME T-ST-ZP LE ME	required when reinstating)	7/	DATE ICERS AND I	DIRECTO Change	PRS IN 12
SIGNATURE 12. , TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE ;	Signeture, typed or printed name of registered age OFFICERS AN DP MOONEY, GENE 2020 US HWY 17 SOUTH BARTOW FL CD GRIFFIN, BEN HILL III 700 S ALT. HWY. 27	IND DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	Agent algorature in the second of the second	required when reinstating)	7/	DATE ICERS AND I	DIRECTO Change	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS 'CITY-ST-ZIP'	Signeture, typed or printed name of registered age OFFICERS AN DP MOONEY, GENE 2020 US HWY 17 SOUTH BARTOW FL CD GRIFFIN, BEN HILL III 700 S ALT. HWY. 27 FROSTPROOF FL 33843	THE AND DIRECTORS OPELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT	Appart algorithms in the Appart algorithms in	required when reinstating)	7/	DATE CONTROL C	DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. , TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE , NAME STREET ADDRESS	Signature, speed or printed name of registered now OFFICERS AN OP MOONEY, GENE 2020 US HWY 17 SOUTH BARTOW FL CD GRIFFIN, BEN HILL III 700 S ALT. HWY. 27 FROSTPROOF FL 33843	IND DIRECTORS DELETE	13. 1.1 TT 1.2 NA 1.3 STI 1.4 CTI 2.1 TTI 2.2 NA 2.3 ST 2.4 CCI 3.1 TTI	Appent algorithme in the Appent algorithme in	required when reinstating)	7/	DATE CONTROL C	DIRECTO Change	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 'CITY-ST-ZIP' TITLE NAME	Signature, speed or printed name of registered now OFFICERS AN OP MOONEY, GENE 2020 US HWY 17 SOUTH BARTOW FL CD GRIFFIN, BEN HILL III 700 S ALT. HWY. 27 FROSTPROOF FL 33843	THE AND DIRECTORS OPELETE	13. 1.1 III 12 NA 1.3 STI 1.4 CIT 22 NA 23 ST 2.4 CI 3.1 III 23 NA 23 ST 2.4 CI 3.1 III 3.2 NA	Agent signature in the second process and second process are second process and second process are second process and second process are second process.	required when reinstating)	7/	DATE CONTROL C	DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, speed or printed name of registered now OFFICERS AN OP MOONEY, GENE 2020 US HWY 17 SOUTH BARTOW FL CD GRIFFIN, BEN HILL III 700 S ALT. HWY. 27 FROSTPROOF FL 33843	THE AND DIRECTORS OPELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.3 STI 3.2 NA 3.3 STI 3. S	Agent signature in the second process and second process are second process and second process are second process.	required when reinstating)	7/	DATE CONTROL C	DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- 61- ZIP TITLE NAME STREET ADDRESS 'CITY- 51- ZIP TITLE NAME STREET ADDRESS CITY- 51- ZIP STREET ADDRESS CITY- 51- ZIP	Signature, speed or printed name of registered now OFFICERS AN OP MOONEY, GENE 2020 US HWY 17 SOUTH BARTOW FL CD GRIFFIN, BEN HILL III 700 S ALT. HWY. 27 FROSTPROOF FL 33843 - D LESTER, W. BERNARD. 640 S. MAIN ST. LABELLE FL 33935	The arid take it applicable (NOTI) NO DIRECTORS DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4, CI	Agent algreture in the second and	required when reinstating)	7/	CATE OATE ICERS AND I	DIRECTO Change Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signetum, speed or printed name of registered now OFFICERS AN OP MOONEY, GENE 2020 US HWY 17 SOUTH BARTOW FL CD GRIFFIN, BEN HILL III 700 S ALT. HWY. 27 FROSTPROOF FL 33843 - D LESTER, W. BERNARD. 640 S. MAIN ST. LABELLE FL 33935 VSD	THE AND DIRECTORS OPELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT	Agent algreture in the second of the second	required when reinstating)	7/	CATE OATE ICERS AND I	DIRECTO Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE AAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signetum, speed or printed name of registered now OFFICERS AN OP MOONEY, GENE 2020 US HWY 17 SOUTH BARTOW FL CD GRIFFIN, BEN HILL III 700 S ALT. HWY. 27 FROSTPROOF FL 33843 - D LESTER, W. BERNARD. 640 S. MAIN ST. LABELLE FL 33935 VSD ALEXANDER, JOHN R	The arid take it applicable (NOTI) NO DIRECTORS DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 N	Agent algreture in the second of the second	required when reinstating)	7/	CATE OATE ICERS AND I	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS STREET ADDRESS	Signeture. Spred or priviled rearns of registered report of the post of the po	The arid take it applicable (NOTI) NO DIRECTORS DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 . CI 4.1 TIT 4.2 NA 4.3 ST	AQUITA SIGNATURE LE ME ME ME ME ME ME ME ME M	required when reinstating)	7/	CATE OATE ICERS AND I	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP MOONEY, GENE 2020 US HWY 17 SOUTH BARTOW FL CD GRIFFIN, BEN HILL III 700 S ALT. HWY. 27 FROSTPROOF FL 33843 - D LESTER, W. BERNARD. 640 S. MAIN ST. LABELLE FL 33935 VSD ALEXANDER, JOHN R 2020 U.S. HWY. 17 SOUTH BARTOW FL 33830	THE AND DELETE (NOTE) DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 HA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 4.2 NV 4.3 STI 4.4 CI 4.4	Agent algreture in the second and	ADDITION	7/	CATE CATE CATE CATE CATE CATE CATE CATE	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP MOONEY, GENE 2020 US HWY 17 SOUTH BARTOW FL CD GRIFFIN, BEN HILL III 700 S ALT. HWY. 27 FROSTPROOF FL 33843 - D LESTER, W. BERNARD 640 S. MAIN ST. LABELLE FL 33935 VSD ALEXANDER, JOHN R 2020 U.S. HWY. 17 SOUTH BARTOW FL 33830 VT	The arid take it applicable (NOTI) NO DIRECTORS DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 . CI 4.1 TIT 4.2 NA 4.3 ST	Agent algretate in the second of the second	required when reinstating)	SICHANGES TO OFF	CATE CATE CATE CATE CATE CATE CATE CATE	DIRECTO Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN OFFICERS AND OFFIC	THE AND DELETE (NOTE) DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 ml 1.2 NA 1.3 STI 1.4 CCI 2.1 TII 2.2 HA 2.3 STI 3.4 CCI 3.1 TII 3.2 NA 3.3 STI 4.2 NA 4.3 STI 4.4 CCI 5.1 TII 5.2 NA	Agent algretate in the state of	ADDITION	7/	CATE CATE CATE CATE CATE CATE CATE CATE	DIRECTO Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP MOONEY, GENE 2020 US HWY 17 SOUTH BARTOW FL CD GRIFFIN, BEN HILL III 700 S ALT. HWY. 27 FROSTPROOF FL 33843 - D LESTER, W. BERNARD 640 S. MAIN ST. LABELLE FL 33935 VSD ALEXANDER, JOHN R 2020 U.S. HWY. 17 SOUTH BARTOW FL 33830 VT BRUWELHEIDE, DALE A 2020 U.S. HWY. 17 SOUTH	THE AND DELETE (NOTE) DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 ml 1.2 NA 1.3 STI 1.4 CIT 2.2 HA 2.3 STI 2.4 CIT 3.2 NA 3.3 STI 4.2 NV 4.3 STI 4.4 CIT 5.1 ml 5.2 NA 5.3 STI 5.3 STI 5.3 STI 5.4 STI 5.4 STI 5.5 STI 5	Agent algretate in the second of the second	ADDITION	SICHANGES TO OFF	CATE CATE CATE CATE CATE CATE CATE CATE	DIRECTO Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN OFFICERS AND OFFIC	DELETE D	13. 1.1 ml 1.2 NA 1.3 STI 1.4 CIT 2.2 HA 2.3 STI 2.4 CIT 3.2 NA 3.3 STI 4.2 NV 4.3 STI 4.4 CIT 5.1 ml 5.2 NA 5.3 STI 5.3 STI 5.3 STI 5.4 STI 5.4 STI 5.5 STI 5	AQUANT SIGNATURE LE ME REET ADORESS YY-ST-ZIP LE ME REET ADORESS IY-ST-ZIP LE WE REET ADORESS Y-ST-ZIP LE WE REET ADORESS Y-ST-ZIP LE ME REET ADORESS Y-ST-ZIP LE ME REET ADORESS Y-ST-ZIP	ADDITION	SICHANGES TO OFF	CATE OATE OATE OATE OATE OATE OATE OATE O	DIRECTO Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP MOONEY, GENE 2020 US HWY 17 SOUTH BARTOW FL CD GRIFFIN, BEN HILL III 700 S ALT. HWY. 27 FROSTPROOF FL 33843 - D LESTER, W. BERNARD 640 S. MAIN ST. LABELLE FL 33935 VSD ALEXANDER, JOHN R 2020 U.S. HWY. 17 SOUTH BARTOW FL 33830 VT BRUWELHEIDE, DALE A 2020 U.S. HWY. 17 SOUTH	THE AND DELETE (NOTE) DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 mil 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT 3.2 NA 3.3 STI 4.2 NA 4.3 STI 5.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT 6.1 TIT	AQUANT AUGMENT AND	ADDITION	SICHANGES TO OFF	CATE OATE OATE OATE OATE OATE OATE OATE O	Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN OFFICERS AND	DELETE D	13. 1.1 mil 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT 3.2 NA 3.3 STI 4.2 NA 4.3 STI 5.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT 6.2 NA	Agent algretate in the state of	ADDITION ADDITION V/T/S	SICHANGES TO OFF	CATE OATE OATE OATE OATE OATE OATE OATE O	Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	OFFICERS AN OFFICERS AND	DELETE D	13. 1.1 mil 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT 3.2 NA 3.3 STI 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT 6.1 TIT 6.2 NA 6.3 STI	AQUANT AUGMENT AND	ADDITION ADDITION V/T/S	SICHANGES TO OFFI	CATE OATE OATE OATE OATE OATE OATE OATE O	Change Change Change	RS IN 12 Addition Addition

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.

_		B 9. 4	. —	IJR	
	11.	N 1			