

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H83762** (5)

1. Corporation Name

WATER TECHNOLOGY OF PENSACOLA, INC.



Principal Place of Business

Mailing Address

3000 W. 9 MILE RD
9030 WOODRUN RD
PENSACOLA FL 32534
US

% WILLIAM W. BOESCH
9030 WOODRUN RD
PENSACOLA FL 32514

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/30/1985

3a. Date of Last Report
01/19/1995

4. FEI Number
59-2595959

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

10. Name and Address of New Registered Agent

**BOESCH, WILLIAM W.
9030 WOODRUN DR
PENSACOLA FL 32514**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this report (e.g., officer, director, or registered agent) and the date of signature.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE
NAME **DP BOESCH, WILLIAM W.**
STREET ADDRESS **9030 WOODRUN DR**
CITY, STATE, ZIP **PENSACOLA FL**
2. TITLE ☐ DELETE
NAME **OT BOESCH, ELISE M.**
STREET ADDRESS **9030 WOODRUN DR.**
CITY, STATE, ZIP **PENSACOLA FL**
3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP
6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, STATE, ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, STATE, ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, furnished, and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this form is report on 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 this 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 attached add with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William W. Boesch

1/6/96

904-477-4789

CR2E034 (12/95)