

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

FILED

Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H83762 (5)

1. Corporation Name:

WATER TECHNOLOGY OF PENSACOLA, INC.



Principal Place of Business

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

Mailing Address

% WILLIAM W. BOESCH  
9030 WOODRUN RD  
PENSACOLA FL 32514-5515

3. Date Incorporated or Qualified

10/30/1985

3a. Date of Last Report

01/23/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2595959

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032.  
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOESCH, WILLIAM W.  
9030 WOODRUN RD  
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 607.0502 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 required for corporation and for registered agent and officer, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME

DP  
BOESCH, WILLIAM W.  
9030 WOODRUN DR  
PENSACOLA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

OT  
BOESCH, ELISE M.  
9030 WOODRUN DR.  
PENSACOLA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

*William W. Boesch*

WILLIAM W. BOESCH

1/10/96

904-477-4789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)