

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90022 004 ***150.00

DOCUMENT # 546139 ✓
1. Corporation Name
Culligan of Florida, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1401 Sligh Blvd.

2a. Mailing Address
26 One Culligan Pkwy

3. Date Incorporated or Qualified
12/09/86

4. FEI Number
59-2751938

Applied For
Not Applicable

22 Suite, Apt. #, etc.
23 Orlando, FL

27 Suite, Apt. #, etc.
28 Northbrook, IL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 32856 25 Country USA

29 Zip 60062 30 Country USA

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Rd.
Plantation, FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME Pertz, Douglas ☒ DELETE
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D, VP, T ☐ Change ☒ Addition
1.2 NAME Ross M. Campbell
1.3 STREET ADDRESS One Culligan Pkwy
1.4 CITY-ST-ZIP Northbrook, IL 60062

TITLE
NAME Salvati, Michael ☒ DELETE
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE D, P ☐ Change ☒ Addition
2.2 NAME Calvin Hendrix
2.3 STREET ADDRESS One Culligan Pkwy
2.4 CITY-ST-ZIP Northbrook, IL 60062

TITLE
NAME Christensen, Edward ☒ DELETE
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE D, VP, S ☐ Change ☒ Addition
3.2 NAME Michael E. Hulme, Jr.
3.3 STREET ADDRESS One Culligan Pkwy
3.4 CITY-ST-ZIP Northbrook, IL 60062

TITLE
NAME Crowell, Mike ☒ DELETE
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE AS ☐ Change ☒ Addition
4.2 NAME Amy G. Gossin
4.3 STREET ADDRESS 40-004 Cook St.
4.4 CITY-ST-ZIP Palm Desert, CA 92211

TITLE
NAME Fuller, Donald ☒ DELETE
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE VP ☐ Change ☒ Addition
5.2 NAME Kevin L. Spence
5.3 STREET ADDRESS 40-004 Cook St.
5.4 CITY-ST-ZIP Palm Desert, CA 92211

TITLE
NAME Paolick, Thomas ☐ DELETE
STREET ADDRESS One Culligan Pkwy
CITY-ST-ZIP Northbrook, IL 60062

6.1 TITLE AT ☐ Change ☒ Addition
6.2 NAME William White
6.3 STREET ADDRESS One Culligan Pkwy
6.4 CITY-ST-ZIP Northbrook, IL 60062

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:

Amy Gossin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99
Date

414-521-8504
Daytime Phone #

Amy G. Gossin, ASST. Secy

CR2E034 (11/98)