

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 AM 5:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J54885** (5)
1. Corporation Name
CORNWATER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O J GENARO
2269 LEE RD
WINTER PARK FL 32789
US

3. Date incorporated or Qualified **02/02/1987** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **98-0083415** Applied For
Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

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

22. City & State 27. City & State

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

23. Zip Country 28. 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

GENARO, JANE
2269 LEE RD
WINTER PARK FL 32789

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 of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

14. DPT
NAME: **DAKIN, CLIVE ROBERT**
STREET ADDRESS: **4TH FL 73 FRONT ST**
CITY, ST, ZIP: **HAMILTON, BERMDA**

15. DVS
NAME: **CANN, EVELYN J.**
STREET ADDRESS: **4TH FL 73 FRONT ST**
CITY, ST, ZIP: **HAMILTON, BERMDA**

16. NAME:
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1. NAME ☐ Change ☐ Addition
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28. CITY, ST, ZIP:
29. NAME ☐ Change ☐ Addition
30. NAME
31. STREET ADDRESS:
32. CITY, ST, ZIP:

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this filing is of 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Apr. 95

809.295.1885