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 Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90099 010 ***150.00

DOCUMENT	`#	J67	631
I. Corporation Name		.	.

WALLY'S WATER WORKS, INC.

								B(0101) 061
Principal Place	e of Business	Mailing Address			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1367 SATE RD.	. 731	1367 SATE RD. 731						
P.O. BOX 234	CL 000E9	P.O. BOX 234			DO NOT WE	ITE IN THIS	SPACE	
LAKE PLACID F	rL 33032	LAKE PLACID FL 33852			Date Incorporated or Qualifect			
					04/13/1987	· 		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Apr	olied For
21	_	26			59-2803235		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	-
22		27			v. Schlisch di Status Bathles		Fee Red	
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the cur	rent year into		□ No.
24	25	29 3	0		Personal Property Tax.	Dagist-uad		□No
	9. Name and Address of Cur	rent Registered Agent	81	Name	10. Name and Address of New	Registered	Agent	
RIRG	GE, WALLACE		6'	Ivanie				
	7 S.R. 731		82	Street Add	ress (P.O. Box Number is Not Accep	lable)		
	US FL 33960		-					
YEN	00 1 2 30300		83	<u> </u>				
			84	City			85 Zip C	ode
				L	poration submits this statement for the	FL	<u>.,</u> .	_;
agent. I a	registered agent, or both, in the Sta im familiar with, and accept the obl	ate of Florida, Such change was auti ligations of, Section 607.0505, Florid	horized by la Statutes	the corporati	on's board of directors. I hereby acce	ерт те аррон	mment as reg	Istered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: R	egistered Ager	nt signature require	ed when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	PVD	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	BIRGE, WALLACE		12 NAME					
STREET ADDRESS			1,3 STREET	TADDRESS				
CITY-ST-ZIP	VENUS FL		1.4 CITY-S	T-ZIP				
TITLE	STD	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	BIRGE, SYLVIA A.		2.2 NAME					
STREET ADDRESS			2.3 STREET	TADDRESS				
CITY-ST-ZIP	VENUS FL		2.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	3,1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME		•	4. 2 NAME					
STREET ADDRESS	{		4.3 STREET	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ OELETE	5.1 TITLE	ĺ			Change	☐ 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.

6.4 CITY-ST-ZIP

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

941-465-6829

Change

☐ Addition