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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 09 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K01869

WATERMASTER OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address C/O DAVID P. ROBERTSON C/O DAVID P. ROBERTSON 36 E BROADWAY 36 E BROADWAY DO NOT WRITE IN THIS SPACE OVIEDO FL 32765 OVIEDO FL 32765 3. Date Incorporated or Qualified 11/03/1987 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2851690 Not Applicable 26 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year intangible Yes Personal Property Tax due June 30. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROBERTSON, DAVID P. 160 AVENUE C (G) 82 Street Address (P.O. Box Number is Not Acceptable) GENEVA FL 32732 83 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE HOLLMAN ROMALD J ROBERTSON, DAVID P. 1.2 NAME NAME 490 NORTH HART Rd GeNEVA, FL V5 ROBERTSON DAVID P Change 160 AVENUE C 1.3 STREET ADDRESS STREET ADDRESS **GENEVA FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE ROBERTSON, DAVID P 2.2 NAME NAME 160 AVE C. GENEVA, FL. 160 AVENUE C 2.3 STREET ADDRESS STREET ADDRESS **GENEVA FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change __ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 supplimental 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 chapted, or on an attachment with an address.