Jun 21, 1999 8:00 am Secretary of State

06-21-1999 90010 010 ***550.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # K01869**

1. Corporation Name

WATERMASTER OF CENTRAL FLORIDA, INC.

Principal Place of Business		Mailing Address			(19919111 811 88181 1991 1891 81118 1811 8	1811 81811 81811 81811 81	a it a ibir (44)	
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 US		OVIEDO FL 32765 US			3. Date Incorporated or Qualifed			
03		00				11/03/1987		
2 Princinal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
21	and or Daniston	26				59-2851690	Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27		<u>.</u>	. <u> </u>	5. Certificate of Status Desired	Fee Rec	quired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to) Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year	ir Intangible	⊠No
24	25	29	30			Personal Property Tax.		<u> </u>
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registe	red Agent	
DOD!	EDTECNI DAVID B			0'	Name			
ROBERTSON, DAVID P.			ľ	82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
160 AVENUE C (G) Geneva FL 32732)	0.2				
GEN	EVA FL 32/32			83				
				84	City		FL 85 Zip C	ode
•	207.0	TOO LOOK AFOO FLANT DANK						registered
office or a	edistered agent or both in the Stat	e of Florida. Such change was	authorized	I DV II	he corporation	pration submits this statement for the purpose of a board of directors. I hereby accept the a	ppointment as reg	istered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Fl	orida Statu	ites.				
SIGNATURE		(NO.)	TE: Danistered	Agent	signature required	(when reinstating) DA1	<u></u>	
12	Signature, typed or printed name of registered at	AND DIRECTORS	13.	Agent	signatura required	ADDITIONS/CHANGES TO OFFICER		RS IN 12
12.	PVS	DELETE	1.1 TIT	TLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	☐ Addition
NAME	ROBERTSON, DAVID P.			1.2 NAME				į
STREET ADDRESS	160 AVENUE C		13ST	REET	ADDRESS			
CITY-ST-ZIP	GENEVA FL			TY-ST-				
TITLE	VS	DELETE	2.1 TIT					
NAME	ROBERTSON, DAVID P						☐ Change	Addition
STREET ADDRESS	l		2.2 NA	ME	f		☐ Change	Addition
CITY-ST-ZIP	IOU (VEITOE O				ADDRESS		☐ Change	Addition
TITLE	GENEVA FI		2.3 ST	REET			☐ Change	Addition
	GENEVA FL	DELETE	2.3 ST	REET A			☐ Change	Addition Addition
NAME	PTD	DELETE	2.3 ST	REET / ITY-ST ILE		ر مانخوم د مرق پند میشد د		
NAME	PTD HOLLMAN, RONALD J	DELETE	2.3 ST 2. 4 CF 3.1 TT 3.2 NA	REET A ITY-ST ILE AME		. مايغوم د مرغ په موسود		
NAME STREET ADORESS	PTD HOLLMAN, RONALD J 490 N HART RD	DELETE	2.3 ST 2. 4 CF 3.1 TT 3.2 NA	REET A ITY-ST ILE AME REET A	ADDRESS	<u> </u>		
NAME	PTD HOLLMAN, RONALD J	DELETE	2.3 ST 2. 4 CI 3.1 TT 3.2 NA 3.3 ST	TREET A TTY-ST TLE AME TREET A	ADDRESS	- 1		
NAME STREET ADDRESS CITY-ST-ZIP	PTD HOLLMAN, RONALD J 490 N HART RD		2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI	TREET A TILE AME TREET A TIY-ST	ADDRESS		Change	Addition
NAME STREET ADORESS CITY-ST-ZIP TITLE	PTD HOLLMAN, RONALD J 490 N HART RD		2.3 ST 2.4 CT 3.1 TT 3.2 NA 3.3 ST 3.4. CT 4.1 TT 4.2 NA	TREET A TIY-ST. TILE AME TREET A TIY-ST TILE AME	ADDRESS		Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTD HOLLMAN, RONALD J 490 N HART RD	☐ DELETE	2.3 ST 3.1 TH 3.2 NA 3.3 ST 3.4. CI 4.1 TH 4.2 NA 4.3 ST 4.4 CF 5.1 TH 5.2 NA	TREET / TILE AME TREET / TILE AME TREET / TILE TREET / TILE TREET / TILE AME	ADDRESS F-ZIP		☐ Change	Addition Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HOLLMAN, RONALD J 490 N HART RD	☐ DELETE	2.3 ST 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI	THE TILE AME TREET / TY-ST TLE AME TREET / TY-ST TLE AME TREET / TY-ST TLE TY-ST TLE TY-ST TLE TY-ST TLE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS		Change	Addition 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 chapted, or on all attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP