## 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** 

## **DOCUMENT # K72190**

<ol> <li>Corporation</li> </ol>	n Name	***			
FLORIDA	GROUNDWATER SERVICE	S, INC.			
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Principal Place	of Business	Mailing Address		T (MBINII) ATT 19810 HEAT HEAT HEAT AND THIN AND AND	I'N BUBUN BUBUN BUBUN BUBUN BUBUN KUBU
3018 US HWY 301N 3018 US HWY 301 N					
STE 100	win .	STE 100			
TAMPA FL 3361	9	TAMPA FL 33619		DO NOT WRITE IN TH	HIS SPACE
US		US		Date Incorporated or Qualifed	
				03/13/1989	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2937930	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27 City 9 State			
City & State	8	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	28 Zip	Country	This corporation owes the current year	
Zip	· ·	` <del> </del>	30	Personal Property Tax.	Yes XNo
24	9. Name and Address of Current		<u> </u>	10. Name and Address of New Register	
		. Registered Agent	81 Name		
TOL	BERT, ROBERT D.				
3018 UW HWY 301 N.			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
STE 100			83		
TAMPA FL 33619					
			84 City	F	85 Zip Code
11 Durament	to the provisions of Sections 607.0503	2 and 607 1508 Florida Statutes	the above-named com	porotion submits this statement for the nurnose	of changing its registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was au	inonzed by the corporation	on's board of directors. I hereby accept the ap	pointment as registered'
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Fibri	da Statutes.	,	,
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature require	d when reinstating) DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE		D DIRECTORS	10.	ADDITIONO/OTHEROED TO CITTOLING	AND DIRECTORS IN 12
NAME	VD:	D DIRECTORS  DELETE	1.1 TITLE	ADDITIONO/ON MADES TO STATISETIES	AND DIRECTORS IN 12  Change Addition
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STREET ADDRESS	TOLBERT, ROBERT D JR 4521 W CULBREATH AVE TAMPA FL 33609	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ASSITIONS OF THE SECTION OF THE SECT	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	TOLBERT, ROBERT D JR 4521 W CULBREATH AVE TAMPA FL 33609 VD OTERO, CHARLES A.	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS . 1.4 CITY-ST-ZIP 2.1 TITLE	ASSITIONS CHARGES TO CHARGE	☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TOLBERT, ROBERT D JR 4521 W CULBREATH AVE TAMPA FL 33609 VD OTERO, CHARLES A. 18218 CLEAR LAKE DRIVE	☐ DELETE	1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS . 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ASSITIONS OF THE SECTION OF THE SECT	☐ Change ☐ Addition
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**FILED** Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90119 016 \*\*\*150.00

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, area an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS