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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # K72190** 

FLORIDA GROUNDWATER SERVICES, INC.

Principal Place of Business Mailing Address 3018 US HWY 301N 3018 US HWY 301 N **STE 100 STE 100** TAMPA FL 33619 TAMPA FL 33619

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US 3. Date incorporated or Qualifed 03/13/1989 Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2937930 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country Country 8. This corporation owes the current year Intangible

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9. Name and Address of Current Registered Agent TOLBERT, ROBERT D.

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3018 UW HWY 301 N **STE 100 TAMPA FL 33619** 

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	Televisi Floperty Tex.					
	10. Name and Address of New Reg	istered Agent				
Name						
Street Address (P.O. Box Number is Not Acceptable)						

City 85 Zip Code

ursuant 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.

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SIGNATURE	Signature, typed or printed name of registered agent and to	te if apolicable (%OTE	Registered Agent signature	enumed when repositional	DATE		
12.	OFFICERS AND DIE		13.	ADDITIO	NS/CHANGES TO OFFICERS		RS IN 12
TITLE	VD	DELETE	1.1 TITLE	Prosident	Director	(D)Change	Addition
NAME	TOLBERT, ROBERT D JR		12 NAME	1,00	• •		
STREET ADDRESS	4521 W CULBREATH AVE		1.3 STREET ADDRESS	i			
CITY-ST-ZP	TAMPA FL 33609		1.4 CITY-ST-ZIP				
TITLE	VD	☐ DELETE	2.1 TITLE	Sec-Treas	urer Director	Change	☐ Addition
NALE	OTERO, CHARLES A.		22 NAME		•		
879EF7 477BEGG	18218 CLEAR LAKE DRIVE		23 STREET ADDRESS				
CITY-ST-ZIP	LUTZ FL	•	2.4 CITY-ST-ZIP				
TITLE	VD	DELETE	31 TITLE		9000029	Change	Addition
NUE	RIPA, FRANK P.		32 NAME		9000029	7564	9,,,,,
STREET ADDRESS	3524 SADDLEBACK LN		3.3 STREET ADDRESS		-09/01/3	3901036	010
CITY-ST-ZIP	LUTZ FL 33549		3.4. CITY-ST-ZP		*****6]	.25 ***	**61.2
TITLE		☐ DELETE	4.1 TITLE			Change	C Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZP			4.4 CITY-ST-ZIP				
TITLE		DELETE	S.1 TITLE			Change	☐ Addition
NAME			52 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 OTY-ST-ZIP				
TITLE		DELETE	6.1 TITLE				
,			62 NAME	2T .			_
STREET ADDRESS			6.3 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). Floride 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 a stachment with an address, with all other like empowered.

SIGNATURE:

(813)(23-1557)

SIGNATURE:

CITY-ST-ZIP

(813)623-1557

CR2FC2