

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K78531**

(6)

1. Corporation Name

EAGLE SPRING FILTRATION, INC.



Principal Place of Business

**1050 N. BEACH STREET
HOLLY HILL FL 32117
US**

Mailing Address

**P O BOX 250299
HOLLY HILL FL 32117
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/07/1989

3a. Date of Last Report

07/30/1996

4. FEI Number

59-2940937

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SCHUHMACHER, ROSE
221 PUTNAM AVENUE
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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's signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
LEVINSON, FRED
20-16 130TH ST
COLLEGE PT NY**

☐ DELETE

13. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**P
DANN, STEPHEN
601 DEVON ST
PT ORANGE FL**

☐ DELETE

14. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
SANTORO, FRANK A., JR.
20-16 130TH ST
COLLEGE PT NY**

☐ DELETE

15. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S
SCHUHMACHER, ROSE
221 PUTNAM AVE
ORMOND BCH FL**

☐ DELETE

16. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

17. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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.

SIGNATURE

[Handwritten Signature: Rose Schumacher] 5/27/97

CR2E034 (9/96)