

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 19 AM 10:15

DOCUMENT # P92000003803 (3)

1. Corporation Name

TIMBERLAKES BOTTLED WATER CO.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address

17045 SOUTH DIXIE HIGHWAY
MIAMI FL 33157

Mailing Address

17045 SOUTH DIXIE HIGHWAY
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

11/12/1992

3a. Date of Last Report

10/05/1994

2. Principal Office of Registered Agent

21. 10405 S.W. 186th St

2a. Mailing Address

26. 10405 S.W. 186th St

4. FID Number

65-0375048

Applied For

Not Applicable

22. City & State

23. MIAMI FL

27. City & State

28. MIAMI FL

5. Certificate of Status (Required)

☐

\$8.75 Additional
Fee Required

6. Foreign Corporation Filing and
Trust Filing Contributions

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under the 1993
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KATZ, DAVID E
17045 S. DIXIE HIGHWAY
MIAMI FL 33157

10. Name and Address of New Registered Agent

81. Name: DAVID KATZ
82. Street Address: 9420 S.W. 159th St
83.
84. City: MIAMI FL 85. Zip Code: 33157

11. I, the undersigned, the person or persons authorized under the Florida Statutes, the officer or officers responsible for the preparation of this report, do hereby certify that the information contained in this report is true and correct and that the corporation has been duly organized and is in good standing under the laws of the State of Florida.

SIGNATURE

[Signature]

3/7/95

12. OFFICERS AND DIRECTORS

NAME: PD KATZ, DAVID E
17045 S. DIXIE HWY
MIAMI FL 33157
NAME: STVD KATZ, PATRICIA S
17045 S. DIXIE HWY
MIAMI FL 33157

13. ALTERNATE OFFICERS AND DIRECTORS

NAME	14. NAME	15. NAME	16. NAME
17. NAME	18. NAME	19. NAME	20. NAME
21. NAME	22. NAME	23. NAME	24. NAME
25. NAME	26. NAME	27. NAME	28. NAME
29. NAME	30. NAME	31. NAME	32. NAME
33. NAME	34. NAME	35. NAME	36. NAME
37. NAME	38. NAME	39. NAME	40. NAME
41. NAME	42. NAME	43. NAME	44. NAME
45. NAME	46. NAME	47. NAME	48. NAME
49. NAME	50. NAME	51. NAME	52. NAME
53. NAME	54. NAME	55. NAME	56. NAME
57. NAME	58. NAME	59. NAME	60. NAME
61. NAME	62. NAME	63. NAME	64. NAME
65. NAME	66. NAME	67. NAME	68. NAME
69. NAME	70. NAME	71. NAME	72. NAME
73. NAME	74. NAME	75. NAME	76. NAME
77. NAME	78. NAME	79. NAME	80. NAME
81. NAME	82. NAME	83. NAME	84. NAME
85. NAME	86. NAME	87. NAME	88. NAME
89. NAME	90. NAME	91. NAME	92. NAME
93. NAME	94. NAME	95. NAME	96. NAME
97. NAME	98. NAME	99. NAME	100. NAME

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2), Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the secretary or treasurer or a person who exercises control or management of this corporation and that my name appears in Block 12 or Block 13 of this report or as an attachment with an affidavit.

SIGNATURE:

[Signature] Resident

3/7/95 305-253-5542