

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P92000010985 (9)

1. Corporation Name

WATER TREATMENT CO.



Principal Place of Business

Mailing Address

3257 HWY 441 NORTH  
OKEECHOBEE FL 34972  
US

P.O. BOX 2313  
OKEECHOBEE FL 34972  
US

2. Principal Place of Business

2a. Mailing Address

21 1301 N. Parrott Ave

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27 City & State

23 Okeechobee, FL

28

Zip

Country

Zip

Country

24 34972

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/10/1992

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0376992

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

10. Name and Address of New Registered Agent

CROSS, ANDREW G  
502 NW 15TH ST.  
OKEECHOBEE FL 34974

81 Name

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

1029 NW 113th Drive

83

84 City

Okeechobee

FL

85 Zip Code

34972

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

Andrew G. Cross - Pres.

4-24-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	CROSS, ANDREW G	
STREET ADDRESS	502 NW 15TH ST. 1029 NW 113th Drive	
CITY- ST- ZIP	OKEECHOBEE FL 34974 34972	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	CROSS, DENISE L.	
STREET ADDRESS	502 NW 15 STREET 1029 NW 113th Drive	
CITY- ST- ZIP	OKEECHOBEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GERNAT, GREGORY L	
STREET ADDRESS	588 NE 28TH AVE	
CITY- ST- ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Andrew G. Cross	
1.3 STREET ADDRESS	1029 NW 113th Drive	
1.4 CITY- ST- ZIP	Okeechobee, FL 34972	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Denise L. Cross	
2.3 STREET ADDRESS	1029 NW 113th Drive	
2.4 CITY- ST- ZIP	Okeechobee, FL 34972	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael Meeks	
3.3 STREET ADDRESS	1029 NW 113th Drive	
3.4 CITY- ST- ZIP	Okeechobee, FL 34972	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mickie Thomas	
4.3 STREET ADDRESS	6128 N.E. 72nd Circle W #12	
4.4 CITY- ST- ZIP	Okeechobee, FL 34972	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Andrew G. Cross - President

4-24-96

941-763-1313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)