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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P92000010985 (9)

WATER TREATMENT CO.

1301 N PARROTT AVE OKEECHOBEE FL 34972

Principal Place of Business

Mailing Address

P.O. BOX 2313 OKEECHOBEE FL 34973-2313

FILED Apr 29 1997 8:00am Secretary of State



US		US							
					3. Date Incorporated or Qualified	3a. Date o		port	
				12/10/1992 05/01/19			1996		
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		Apr	olied For	
21 31.5	S.W. Park Street	26			65-0376992		Not	Applicable	
Suite. Ant.		Suite, Apt. #, etc.				\$	8.75 A	dditional	
					5. Certificate of Status Desired		Fee Rec	gulred	
C ty & State		City & State			6. Election Campaign Financing		\$5.00	May Ro	
	chobee, FL	28			Trust Fund Contribution		Added to		
70)	Country	Zip	Count	rV	8. This corporation has liability for	intendible tay			
24 3 497		├ ─ '	30	,		Yes N		133.032,	
24 3 77 /	9 Name and Address of Current F	1	301		10. Name and Address of New Re				
		· ·	8	1 Name	is, included the second second	3.0.0.0			
CROSS, ANDREW G				' (taille]	
1029 NW 113TH DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)					
OKEECHOBEE FL 34972									
			8	3					
			-	4 City			5 Zip C	ode	
			0	City		FL!°	3 2.PS	1	
11. Pursuant t	o the provisions of Sections 607 0502	and 607.1508, Florida Statute	s, the abo	ve-named c	corporation submits this statement for the p	ourpose of ch	anging its	registered	
office or re	gistered agent, or both, in the State of infamiliar with, and accept the obligation	Florida. Such change was a	iuthorized i	by the corpo	oration's board of directors. I hereby acce	pt the appoint	ment as r	egistered	
agent Lar	n raminar with, and accept the obligate	ons or, section bor goos, rio	nga statut	68.					
SIGNATURE .	so prints, by a plan proceed name of registered agont a	and hills of source obtain (NOTS	Donictored A	nant sinnatura tr	equired when reinstaling)	DATE			
12.	OFFICERS AND I		I 13.	gort signature r	ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12	
TILLF	PT	DELETE	1,1 1911.6	<u> </u>	7,00110110,0111110010 10 0.71		Change	Addition	
	CROSS, ANDREW G	orecit	1.2 NAM						
NAME	·			- I					
STREET ADDRESS	1029 NW 113TH DRIVE			ET ADDRESS					
C(1Y-S), ZIP	OKEECHOBEE FL		1.4 CITY	- ST - ZiP					
THILE	VPS .	☐ DEFELE	21 TITU			L	Change	☐ Addition	
NAME	Cross, Denise L.		2.2 NAM	E					
STREET ADDRESS	1029 NW 113TH DRIVE		2.3 STRE	ET ADDRESS	.:•	N.			
C 13 - 57 - 74°	OKEECHOBEE FL		2.4 CITY	-ST-ZIP					
TIPLE	Ď	DELETE	3.1 TITLE				Change	Addition	
NAME.	MEEKS, MICHAEL		3.2 NAM	e					
STEEL LADORESS	1029 NW 113TH DRIVE			ET ADDRESS					
1	OCKEECHOBEE FL			- ST- ZIP					
CIFY-ST 20°	S	À DELETÉ	4.1 3)TL		Secretary	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
'	•	Direct	4.1 SIL		LANK Tindall				
NAMi	THOMAS, MICKIE				2226 NW 645	treet			
SIRELLADORES	6120 NE 72ND CIRCLE W #12			ET ADDRESS			_		
OTY ST ZP	OKEECHOBEE FL		4.4 City		OKeechober, FL	<u> 5447</u>		1,220	
T-fut		☐ DELETE	5 1 TITL	E }] Change	Addition	
NAME			5.2 NAM	E	•				
STREET ACOURTS			53 STRE	ET ADDRESS					
CHY-ST-ZiP			5.4 CITY	-ST-ZIP					
101.6		DELETE	6.1 TITL				Change	Addition .	
NAME			6.2 NAM	_{IE}					
STREET ADDRESS				ET ADDRESS					
ļ ,				-ST-ZIP					
CHY-\$1-76	being a cost for the information supplied	with this filing closs not qualit			ated in Section 119.07(3)(i). Florida Statut	es. I further ce	artify that	the	

4. 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:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H-16-97 (941) 763-1313