

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90182 043 ***150.00

DOCUMENT # ~~000000000000~~ P9300004604

1. Corporation Name
AQUA SOURCE INC.

Principal Place of business

1101 ANCLOTE BLVD
TARPON SPRINGS FL 34689
US

Mailing Address

1101 ANCLOTE BLVD
TARPON SPRINGS FL 34689
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

~~January 1999~~ JUNE 1993

4. FEI Number

~~59-3192581~~ 59-3192581

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

DERDERIAN, STEVE
2018 N POINTE ALEXIS DR
TARPON SPRINGS FL 34689

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 agent, its 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, and I bind myself and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

NAME	STREET ADDRESS	CITY	STATE	ZIP	DELETE
DERDERIAN, STEVE	2018 N POINTE ALEXIS DR	TARPON SPRINGS	FL	34689	☐
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PDH
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I 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, Block 13, Block 14, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727 937 3110

CR2604 (11/98)