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

PROFIT CORPORATION

ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300060050 (0)

FILED Jan 29 1998 8:00am Secretary of State

JAMES	S YUNKER, INC.				
Principal Pla	ce of Business	Mailing Address		- 10041004 (10 (910) (223) 4011(00)31 00)12 61	0:40 W7671 WW761 WW8W1 W3547 WB45 7WW7
3901 W MAIN ST				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	THIS STACE
				08/26/1993	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<u> </u>	26		59-3193804	Not Applicable
Suite, Apt	นั้นใหม่ Water Treatme	nt Inc ^{Suite, Apt. #, etc.}		5. Certificate of Status Desired	\$9.75 Additional
City & Sta		a City & Grate		6. Election Campaign Financing	\$5.00 May Be
23	Leesburg, Florida 3474 3 52) 728-3524 _{20 Fla}x (352) 3	10 26 42 70 14		Trust Fund Contribution	Added to Fees
 1	2021 120-2024 Phy (202) 2	03 17 _{ip}	Country	8. This corporation owes or has paid the	ne current year Intangible
24	25	29	[30]	Personal Property Tax due June 30.	Yes 🔀 No
	9. Name and Address of Currer	n Hegistered Agent	81 Name	10. Name and Address of New Regist	ered Agent
	JNKER, JAMES		or Name		
3901 W MAIN ST			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
LE	ESBURG FL 34748		63		
			63		
			84 City		85 Zip Code
11 Pureuant	to the provisions of Sections 607 050	2 and 607 1609 Elorido Statut	as the share perced are		FL 3 20 Code
office or	registered agent, or both, in the State	of Florida. Such change was a	es, the above-hamed corporate the corporate of the corpor	poration submits this statement for the purpo tion's board of directors. I hereby accept the	e appointment as registered
agent. i s	am familiar with, and accept the obliga	ations of, Section 607.0505, FR	onda Statutes.		
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable (NOT	E: Registered Agent signature requir	red when reinstating)	ATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	YUNKER, JAMES		1.2 NAME		·
STREET ADDRESS	3901 W MAIN ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		1.4 City-St-ZiP		
TITLE		DELETE	21 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELET E	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		Districts	3 4. CITY - ST - 7IP		
TITLE		L DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP		Ohanna Addison
NAME		ריי מדירונ	5.1 TITLE		L Change Addition
STREET ADDRESS	,		5.2 NAME		
			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETÉ	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		had beceive	6.2 NAME		C Change C Roul(IOI)
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP					
	certify that the information supplied wi	th this filing does not qualify fo	6.4 CITY-ST-ZIP	Section 119 07(3)(i) Florida Statutes furth	av a actife the at the air formation

Indicated on this annual report or supplied with his him does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatio 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.