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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400002702 (6)

F & T WATER SYSTEMS, INC.

Principal Place of Business Mailing Address 6709 NINE IRON CT WESLEY CHAPEL FL 33544 6709 NINE IRON CT WESLEY CHAPEL FL 33544-3726 3 Date Incorporated or Qualified 3. Date of Last Report

## **FILED** May 13 1997 8:00am Secretary of State



					01/01/1994	08/12/1996		
2. Principal Place of Business		28. Mailing Address	a. Mailing Address		4. FEI Number	<del></del>	plied For	
21		26			59-3223994	No	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	¬ '''		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	า ๋		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip			Countr	γ	8. This corporation has liability for in			
24	25	29	30		Florida Statutes Yes No			
	9. Name and Address of Current	Registered Agent	1	· · ·	10. Name and Address of New Reg	Istered Agent		
MIXON, TODD 6709 NINE IRON CT WESLEY CHAPEL FL 33544				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				
		4	83	3			l	
			84	City		FL 85 Zip C	Dodo	
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 607.1508, Florida Statut of Florida. Such change was a tions of, Section 607.0505, Fic	es, the abov authorized b orida Statute	re-named cor by the corpora ss.	poration submits this statement for the pu ation's board of directors. I hereby accep	prpose of changing its the appointment as	s registered registered	
SIGNATURE	Signature, typod or printed name of registered agent	Land title if applicable (NOT)	E Registered Ag	ient signature regu	Fred when reinstating)	DATE		
12.	OFFICERS AND		13.	<u></u>	ADDITIONS/CHANGES TO OFFICE		S IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	MIXON, TODD		1.2 NAME				[]	
STREET ADDRESS	6709 NINE IRON CT		1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	WESLEY CHAPEL FL 33544		1.4 CITY-	ST-ZIP			.	
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	MIXON, ANNA		2.2 NAME		•	. "		
STREET ADDRESS	1ESS 6709 NINE IRON CT		2 3 STREET ADDRESS					
CITY-ST-ZIP	WESLEY CHAPEL FL 33544		2 4 CITY-ST-ZIP					
TITLE	DELETE 31 T		3 1 TITLE			Change	Addition	
NAME	3.2		3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3 4. CITY-	-S1-21P				
TITLE	DELETE 4.5 TI		4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME	:				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		DELF1E	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	S1-ZIP				
TITLE		DELE1E	61 HILE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6 4 CITY-					
14. I do herel	by certify that the information supplied	with this filing does not qualit			ed in Section 119.07(3)(i), Florida Statutes	I further certify that t	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 chapsed, or on an attachment with an address.