PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000010813

1. Corporation Name

IVVOTO	D WATER ENGINEERING,	IIVO.				
Principal Place of Business Mailing Address						
RT 2 BOX 2943 P.O. BOX 767 MELROSE FL 32666 MELROSE FL 32666						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 01/28/1994
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
26						59-3229255 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
27						5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry		This corporation owes the current year Intangible
24	25	29 30	<u> </u>			Personal Property Tax. ☐ Yes VINo
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered Agent
7100	41 E 100 H 100 H 100			81	Name	
TISDALE, RICHARD M SR.				Street Adds	ress (P.O. Box Number is Not Acceptable)	
RT 2 BOX 2943						
MELROSE FL 32666				83		
				84	City	85 Zip Code
						FL
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	Signature, typed or printed name of registered agent	it and title if applicable. (NOTE: Re	gistered	Agen	t signature require	ed when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	☐ DELETE	1.1 TI	TLE		Change Addition
NAME	TISDALE, RICHARD M SR.		1.2 N	ME		
STREET ADDRESS	RT 2 BOX 2943		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	MELROSE FL 32666		1.4 CI	TY-S1	T-ZIP	
TITLE		☐ DELETE	2.1 TI	TLE		☐ Change ☐ Addition
NAME		}	2.2 N	AME.		
STREET ADDRESS		,	2.3 S1	TREET	ADDRESS	
CITY-ST-ZIP		<u>.</u>	·2:4 C	iTY-S	it-ZIP	
TITLE	DELETE 3.1		3.1 TI	3.1 TITLE		☐ Change ☐ Addition
NAME		,	3.2 N	AME		
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP			3.4. C	TY-S	T-ZIP	
TITLE		☐ DELETE	4.1 TY			Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4 3 ST	TREET	ADDRESS	
CITY-ST-ZIP				TY-SI		
TITLE		☐ DELETE	5.1 TI			Change Addition

14. 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Change

Addition

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90208 013 ***150.00