

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90089 005 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000014686

1. Corporation Name
TALQUIN WATER COMPANY, INC.

Principal Place of Business

LEON CO FL
3003 GROVE ST.
TALLAHASSEE FL 32301
US

Mailing Address

P.O. BOX 6216
TALLAHASSEE FL 32314
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1994

4. FEI Number

65-0473083

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

2. Principal Place of Business

21 LEON CO. FL

2a. Mailing Address

26 Suite, Apt. #, etc.

22 2909 BEN STOUTAMIRE RD

23 TALLAHASSEE, FL

24 32310

25 U.S.

9. Name and Address of Current Registered Agent

RAWLINGS, J. S.
3003 GROVE ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name MARY NAPIER
82 Street Address (P.O. Box Number is Not Acceptable)
367 BUTTERWOOD DR.
83
84 City KEY LARGO FL 85 Zip Code 33037

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 Mary Napier

MARY NAPIER REG. AGT. 1/16/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE P
NAME LAWRENCE, E.W.
STREET ADDRESS 3003 GROVE STREET
CITY-ST-ZIP TALLAHASSEE FL 32314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES. - T-S
1.2 NAME LAWRENCE E.W.
1.3 STREET ADDRESS 2909 BEN STOUTAMIRE RD
1.4 CITY-ST-ZIP TALLAHASSEE FL 32310

2.1 TITLE VICE-PRES. V
2.2 NAME STEVE W. LAWRENCE
2.3 STREET ADDRESS P.O. BOX 6371 (N.A.)
2.4 CITY-ST-ZIP GULF BREEZE, FL 32561

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: E.W. Lawrence, PRES. 1/16/99 878-0021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)