## 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

|  | DOCUMENT # | P9400001 | 16912 |
|--|------------|----------|-------|
|--|------------|----------|-------|

1. Corporation Name

DUNEDIN FL 34698

AQUA MAN PROFESSIONAL IRRIGATION INC.

| Principal Place of Business | _ |
|-----------------------------|---|
| 404 LIVE OAK LN             |   |

Mailing Address

404 LIVE OAK LN **DUNEDIN FL 34698** 



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/28/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3232098 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5, Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country This corporation owes the current year Intangible □No ☐ Yes 25 29 30 Personal Property Tax. 24 9. Name and Address of Current Registered Agent VIAR, KENNETH S

404 LIVE OAK LN **DUNEDIN FL 34698** 

| ŧ _ | 10. Name and Address of New Registered A           | <u>jeni</u> |             |
|-----|--|-------------|-------------|
| 81  | Name   |             |             |
| 82  | Street Address (P.O. Box Number is Not Acceptable) | _           |             |
| 83  |  |             | <del></del> |
| 84  | City   | 85          | Zip Code    |

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.

| ayent. I ai  | in laminal with, and accept the obligations of, occion corrector, riors              | ou ciatotoo.                  |                                | İ          |  |  |  |
|--|--|-------------------------------|--------------------------------|------------|--|--|--|
| SIGNATURE  | Signature, typed or printed name of registered agent and title if applicable. (NOTE: | Registered Agent signature re | equired when reinstating) DATE | ì          |  |  |  |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |                               |                                |            |  |  |  |
| TITLE  | D DELETE   | 1.1 TITLE                     | Change                         | Addition   |  |  |  |
| NAME   | viar, kenneth s  | 1.2 NAME                      |                                | Ì          |  |  |  |
| STREET ADDRESS   | 404 LIVE OAK LN  | 1.3 STREET ADDRESS            |                                |            |  |  |  |
| CITY-ST-ZIP  | DUNEDIN FL 34698   | 1.4 CITY-ST-ZIP               |                                |            |  |  |  |
| TITLE  | ☐ DELETE   | 2.1 TITLE                     | ☐ Change                       | Addition   |  |  |  |
| NAME   |  | 2.2 NAME                      |                                |            |  |  |  |
| _STREET ADDRESS  |  | 2.3 STREET ADDRESS            |                                |            |  |  |  |
| CITY-ST-ZIP  |  | 2.4 CITY-ST-ZIP               |                                |            |  |  |  |
| TITLE  | ☐ DELETE   | 3.1 TITLE                     | ☐ Change                       | Addition   |  |  |  |
| NAME   |  | 3.2 NAME                      |                                |            |  |  |  |
| STREET ADDRESS   |  | 3.3 STREET ADDRESS            |                                | Ì          |  |  |  |
| CITY-ST-ZIP  |  | 3.4. CITY-ST-ZIP              |                                |            |  |  |  |
| TITLE  | ☐ DELETE   | 4.1 TITLE                     | ☐ Change                       | Addition   |  |  |  |
| NAME   |  | 4. 2 NAME                     |                                | Ì          |  |  |  |
| STREET ADDRESS   |  | 4.3 STREET ADDRESS            |                                |            |  |  |  |
| CITY-ST-ZIP  |  | 4.4 CITY-ST-ZIP               |                                |            |  |  |  |
| TITLE  | ☐ DELETE   | 5.1 TITLE                     | · Change                       | Addition   |  |  |  |
| NAME   |  | 5.2 NAME                      | w <sup>*</sup>                 |            |  |  |  |
| STREET ADDRESS   |  | 5.3 STREET ADDRESS            |                                |            |  |  |  |
| CITY-ST-ZIP  |  | 5.4 CITY-ST-ZIP               |                                |            |  |  |  |
| TITLE  | ☐ DELETE   | 6.1 TITLE                     | Change                         | ☐ Addition |  |  |  |
| NAME   |  | 6.2 NAME                      |                                |            |  |  |  |
| STREET ADDRESS   |  | 6.3 STREET ADDRESS            |                                |            |  |  |  |
| CITY-ST-ZIP  |  | 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 a chapter 607.

SIGNATURE: