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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Sep 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041449 (7)

POLAR WATER OF LEE AND CHARLOTTE, INC.

Principal Place of Business Mailing Address								
"		1020 PINE ISLAND ROAD				-		
1020 PINE ISLA CAPE CORAL F		CAPE CORAL FL 33909-2124						
					3. Date Incorporated or Qualified 06/03/1994	3a. Date of 03/20/19		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied For	
21		26			65-0499387		Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required	
City & State	е	City & State			6. Election Campaign Financing		5.00 May Ba	
23	Country	28	Country		Trust Fund Contribution		Added to Fees	
Zip 24	Country 25	Zip 29	Country 30			Yes No)	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	istered Agen	<u>t</u> _	
	AX, DONALD		81	Name				
	PINE ISLAND ROAD		82	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
CAP	E CORAL FL 33909		83				- 	
•			03					
			84	City		FL 85	Zip Code	
11 Purcuent	to the provisions of Sections 607.050	12 and 607 1508. Florida Statu	utes the above.	named cor	poration submits this statement for the pu		ging its register	
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was	authorized by t	he corpora	poration submits this statement for the potion's board of directors. I hereby accep	the appointm	ent as registere	
•	in lamiliar with, and accept the oblig	ations of, Section 607,0505, F	monda statutes.					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NC	DTL Hagistered Agent	signature requ	ired when reinstaling)	DATE.		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRI	ECTORS IN 12	
TITLE	D	DILETE	1.1 TITLE				change 🔲 Addi	
NAME	TRUAX, DONALD		1.2 NAME	}				
STREET ADDRESS	1020 PINE ISLAND ROAD		1.3 STREET A	DDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33909	The same of the sa	14 CITY-ST-	ZIP				
TITLE	D TOUAN HAIR	DELETE	21 TITLE				thange 🔲 Addi	
NAME	TRUAX, JULIE 1020 PINE ISLAND ROAD		2.2 NAME					
STREET ADDRESS	CAPE CORAL FL 33909		2.3 STREET A	i				
CITY-SI-ZIP	CAPE CONAL PL 33909	DELETE	2. 4 CITY - ST	- ZIP			change Addit	
TITLE			3.1 TITLE				mange AOON	
NAME STREET ADDRESS			3.2 NAME	DDDEGG				
CITY-ST-ZIP			3.3 STREET AL					
TITLE		DELETE	3.4. CITY-ST- 4.1 TITLE	- Z(F			thange Addit	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET A	DDRESS				
CITY-ST-ZIP			4.4 CITY-ST-					
TITLE		DELETE	51 TITLE			C	hange Addit	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET A	DDRESS				
CITY-ST-ZIP		<u>-</u>	5.4 CITY - ST-	ZIP				
TITLE		☐ DELETE	6.1 TITLE			□ c	hange 🔲 Addit	
NAME			6.2 NAME	ĺ				
STREET ADDRESS			63 STREET A	DDRESS				
CITY-ST-ZIP	OF 41 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 20 20 20	6.4 CITY-ST-		200000000000000000000000000000000000000			
informatio I am an o	on indicated on this annual report or s fficer or director of the corporation of in Block 12 or proci, 13 if changed, o	supplemental annual report is r the receiver or trustee empo r on an attachment with an ac	strue and accura owered to execut	ate and the	d in Section 119.07(3)(i), Florida Statutes it my signature shall have the same legal ort as required by Chapter 607, Florida St 	effect as if ma	ide under oath	
	(1) . 1	X1)						