

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT,
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham,
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 15 1998 8:00am
Secretary of State

DOCUMENT # P94000041449 (7)
1. Corporation Name

POLAR WATER OF LEE AND CHARLOTTE, INC.



Principal Place of Business

1020 PINE ISLAND ROAD P.O. Box 151955
CAPE CORAL FL 33909 33915

Mailing Address

1020 PINE ISLAND ROAD P.O. Box 151955
CAPE CORAL FL 33909 33915

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1994

4. FEI Number

65-0498387

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

TRUAX, DONALD

522 S.E. 34 TERR.
CAPE CORAL, FL.

33904

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME TRUAX, DONALD
STREET ADDRESS 1020 PINE ISLAND ROAD 522 S.E. 34 TERR.
CITY-ST-ZIP CAPE CORAL FL 33909 CAPE CORAL FL 33904

TITLE D ☐ DELETE
NAME TRUAX, JULIE 522 S.E. 34 TERR.
STREET ADDRESS 1020 PINE ISLAND ROAD
CITY-ST-ZIP CAPE CORAL FL 33909 CAPE CORAL FL 33904

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TRUAX, DONALD ☒ Change ☐ Addition
1.2 NAME P.O. Box 151955 N/A
1.3 STREET ADDRESS CAPE CORAL FL 33905
1.4 CITY-ST-ZIP

2.1 TITLE TRUAX JULIE ☒ Change ☐ Addition
2.2 NAME P.O. Box 151955 N/A
2.3 STREET ADDRESS CAPE CORAL FL 33915
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 800002665058
6.3 STREET ADDRESS -10/16/98--01009--017
6.4 CITY-ST-ZIP ***550.00
PE
10-15

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.

SIGNATURE: [Signature]

8-13-98 (041) 524 2228

CR2E034 (5/98)