FILE NOW: FILING FEE AFTER MAY 1ST IS \$							FILED	
	ROFIT	26		DEPARTMEN	OF STATE		In 20 1009 9,00 am	
	ORATION AL REPORT		31	ndra B. Mor Secretary of S	ham :te		Jan 29 1998 8:00am	
	998		9	ON OF CORPO			Secretary of State	
				<i></i>			Secretary of State	
DOCUMENT # P94000048475 (5)								
THE WAT	TERFORD BUIL	DING CORPO	RATION					
.,,	• • • • • • • • • • • • • • • • • • • •							
Principal Place	of Business		Mailing Address					
122 SE 15TH AVENUE			P.O. BOX 60063					
CAPE CORAL FL 33990 US			CAPE CORAL FL US			DO NOT WRITE IN THIS SPACE		
us						;	3. Date Incorporated or Qualified	
2. Principal Pla	ce of Business		2a. Mailing Addr	ess			06/29/1994 4. FEI Number Applied For	
21 3.7/	NE 17	6 STREET		une_	-		65-0501468 Not Applicable	
Suite, Apt. #	, etc.		Suite, Apt. #,	etc.	1	!	5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State			27 City & State				6. Election Campaign Financing \$5.00 May Be	
23 CAD-	e CORAL	- FL	28		Die_untry		Trust Fund Contribution	
Zip	COU 25	intrý Lacada	Zip 29	30	Sections		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 334	9. Name and Ad	dress of Current F		<u></u>			Name and Address of New Registered Agent	
O'DELL, MICHAEL D					81 Name	1) V.	ell Michael D.	
122 SE 15TH AVENUE CAPE CORAL FL 33990					82 Street	Address	(P.O. Box Number is Not Acceptable)	
CAP	E CORAL FL 338	,50			83	•		
					84 City	100	FI 85 Zip Code	
11 Pursuant to	o the provisions of S	Sections 607.0502	and 607.1508, Fjör	ida Statutes, tr	e above-named	corporat	tion submits this statement for the purpose of changing its registered	
office or re agent. I ar	egistered agent, or to in familiar with and	both, in the State of accept the obligati	Florida. Such cha ans of Section 607	nge was autro .0505, Florida	Statutes.	rporations	tion submits this statement for the purpose of changing its registered s board of directors. I hereby accept the appointment as registered	
SIGNATURE .	no strong	name bi registered agent	V XX	MICH	A C D	$ \circ$ $ \circ$ $ \circ$	1/23/10	
12.	signature, typed or printed	OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	451 B			1.1 TITLE 1.2 NAME	PT	Dell Michael D Addition	
NAME STREET ADDRESS	O'DELL, MICH. 122 SE 15TH			1	1.3 STREET ADDRESS	331	nell, Michael D NE 17th St	
City-ST-ZIP	CAPE CORAL				1.4 CITY-ST-ZIP	CA	PE COVAL, FL 33908 Addition	
TITLE	VS	115			2.1 TITLE 2.2 Name	05	ell Bounie	
NAME STREET ADDRESS	O'DELL, BONN 122 SE 15TH				2.3 STREET ADDRESS	331	NE 17th 54	
CITY-ST-ZIP	CAPE CORAL				2. 4 CITY-ST-ZIP	CAP	ell. Bounic NE 17th St. The Coast of FL 33909 Change Addition	
TITLE			<u>. </u>		3.1 TITLE 3.2 NAME		C Grange C Addition	
NAME STREET ADDRESS					3.3 STREET ADDRESS			
CITY-ST-ZIP					3.4. CITY - ST - ZIP		Change Addition	
TITLE			ا الــا	DELETE	4.1 TITLE 4. 2 NAME			
NAME STREET ADDRESS				1	4.3 STREET ADDRESS			
CITY-ST-ZIP				DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	ļ	Change Addition	
TITLE			L		5.2 NAME			
NAME STREET ADDRESS					5.3 STREET ADDRESS			
CITY-ST-ZIP				DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	 	Change Addition	
TITLE	1		Ц	DELLIL	6.2 NAME		Grange Addition	
NAME STREET ADDRESS				1	6.3 ŞTREET ADDRESS			
CITY-ST-ZIP			h this filing does o	ot qualify for th	6.4 GIY-ST-ZIP	ted in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the information hall have the same legal effect as if made under oath; that I am an d by Chapter 607, Florida Statutes; and that my name appears in	
14. I hereby indicated	certify that the infor	mation supplied without or supplemental social properties of the received	annual report is tri lver or trustee emp	ue and accura	te and that my sig cute his report a	gnature st	hall have the same legal effect as if made under oath; that I am an d by Chapter 607, Florida Statutes; and that my name appears in	
officer or Block 12	or Block 13 if chan	ged, or on an attac	hment with an add	ress.		-		
		// // (/)	OSIYIII	EOM	which	D.C	Dell 1/28/98 941-574-5717	