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 # P94000081319

1. Corporation Name

THE GREAT WATER COMPANY, INC.

		,								
Principal Place of Business Mailing Address] '	3881881 118 1811 W(81) 88	(*) 60 111 46)(1 1	5191 (E)B) 11882 (IIS)	HEIS (817 188)
9709 WEST SAMPLE RD P.O. BOX 770610 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33077							DO NOT	MOITE IN T	LIC CDACE	
US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
Į.						1		irea		
8 D	Manager of Description	2a. Mailing Address				4, FEI N	4/1994			plied For
						1				t Applicable
21 1/848 N.W. 4+ 57 26 Suite, Apt. #, etc.				BME			526874		\$8.75 A	
22 27 27 27 27 27 27 27 27 27 27 27 27 2						5. Certifo	cate of Status Desire	d 🗌	Fee Re	
City & State City & State							on Campaign Financ	ing 🖂	\$5.00	May Be
23 COLA (c soninus 71.	28				Trust	Fund Contribution		Added t	o Fees
Zip 24 330	Country 25 U.S.A.	Zip 30	Count	гу		1	orporation owes the nal Property Tax.	current year	Intangible Ves	□No
24 000	9. Name and Address of Current	17-1	1				and Address of N	w Register	ed Agent	
-	8	1 Nan	ne							
BUTLER, BRUCE S				2 Stre	et Addre	ess (P.O. Bo	x Number is Not Acc	ceptable)		
9709 WEST SAMPLE RD //848 NW 4 X ST. CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065				83						
	MESOLUMICO LE COCCO. C. O.M.	338		3						
•		800.	8	4 City					85 Zip C	ode
office of r agent. I a SIGNATURE	registered agent, or both, in the State of imfamiliar with, and accept the obligation of the state of the sta	ons of, Section 607.0505, Florid	la Statute	es.		when reinstating		DATE		
12.	OFFICERS AND		13,	, o. //			ONS/CHANGES TO	OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	DELETE 1.1 T				5	- 4		Change	☐ Addition
NAME	BUTLER, BRUCE S		1.2 NAME	Ē	B	BUTLED, BAUCE		ζ.		
STREET ADDRESS							nw ar			
CITY-ST-ZIP	CORAL SPRINGS FL			-ST-ZIP		DLAC	SPRINGS	, 3 0.	23001	
TITLE	DELETE 2.1T			:			+		Change	Addition
NAME			2.2 NAMI	Ē						
STREET ADDRESS			2.3 STRE	ET ADDRE	ss					
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP						
TITLE	☐ DELETE 3.11		3.1 TITLE					. —	☐ Change	☐ Addition
NAME			3.2 NAM	E						
STREET ADDRESS			3.3 STRE	ET ADDRE	ss					
CITY-ST-ZIP			3.4. CITY	3.4. CITY-ST-ZIP						
TITLE		☐ DELETE ·	4.1 TITLE						Change	Addition
NAME			4. 2 NAM	ε						
STREET ADDRESS			4.3 STRE	ET ADORE	SS					
CITY-ST-ZIP			4.4 CITY	ST-ZIP						
TITLE		☐ DEFELE	5.1 TITLE						Change	☐ Addition
NAME			5.2 NAM							
STREET ADDRESS			5.3 STRE	ET ADDRE	ss					

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

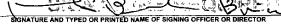
SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



☐ DELETE

May 06, 1999 8:00 am Secretary of State

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