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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P9500

1. Corporation Name

FAGI F PIRF WATER SYSTEMS. P95000007918 (2)

## **FILED** Jan 29 1998 8:00am Secretary of State

EAGLE	, FUNE WATER STSTEMS, I	140.						
Principal Place of Business 3522 SHADOWOOD DRIVE VALRICO FL 33594		Mailing Address PO BOX 96 HARLEYSVILLE PA 19438 US					JOI FOII AROI	
		US			DO NOT WRITE  3. Date Incorporated or Qualified	IN THIS SI	-ACE	
					01/31/1995			
	Place of Business	2a. Mailing Address			4. FEI Number		Aı	pplied For
	ABLEYSVILLE PIKE	Suite, Apt. #, etc.			65-0560919			ot Applicable
22 Sui	TE (BARN)	27			5. Certificate of Status Desired			Additional equired
City & Stat	e and the Da	City & State	City & State		6. Election Campaign Financing	_	\$5.00	May Be
23 /TARC	eysvile, I'm	28			Trust Fund Contribution			to Fees
Zip Country		Zip Country		у	8. This corporation owes or has paid the current year Intangible			
24 / 7 9	25 MON76.  9. Name and Address of Curren	29     3	0		Personal Property Tax due June			_ No
CAI	YDER, WILLIAM IN	t negistered Agent	81	Name	10. Name and Address of New Re	gistered A	gent	
			*'	Ivame				
3522 SHADOWOOD DR VALRICO FL 33594			82		ress (P.O. Box Number is Not Acceptab	le)		
			83					
			84	City		FL	<b>85</b> 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 register 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.								is registered registered
SIGNATURE	, -							ļ
	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE: 6	Registered Age	ent signature require	red when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND (	DIRECTOR	₹S IN 12
TITLE	P OOUTT OPEOODY	☐ DELETE	1.1 TITLE			£	Change	☐ Addition
NAME	COMITZ, GREGORY		1.2 NAME					
STREET ADDRESS	663 HARPER LANE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	HARLEYSVILLE PA	7		ST-ZIP				
TITLE	CALVIDED MINISTARA NI	V L. DELETE 2				Ĺ	Change	Addition '
NAME	SNYDER, WILLIAM III 3522 SHADOWOOD DRIVE		2.2 NAME					
STREET ADDRESS	VALRICO FL		2.3 STREET	ADDRESS				
CITY-ST-ZIP	81	T or ore	2. 4 CITY - ST - ZIP					
TITLE	MCKEOWN, THOMAS	☐ DELETE	3.1 TITLE			L	_ Change	Addition
NAME	1499 SKIPPACK PIKE		3.2 NAME					
STREET ADDRESS	SKIPPACK PA		3.3 STREET					
CITY-ST-ZIP	UNITERON FA	- Deleve	3.4. CITY-5	ST-ZIP			<del></del>	
TITLE		☐ DELETE	4 1 TITLE			L	_ Change	☐ Addition
NAME			4. 2 NAME					ľ
STREET ADDRESS			4.3 STREET					1
City-St-ZiP		DELETE	4.4 CITY - S	T-ZIP		<del></del>	10:	
TITLE		☐ ncreit	5.1 TITLE			L	_ Change	Addition
NAME CIRCET ADDRESS			5.2 NAME					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-S	T - ZIP		<del></del>	100000	177.00
		⊢ herest	6.1 TITLE			L	_ Change	☐ Addition
NAME STREET ADDRESS			6.2 NAME					
STREET ADDRESS			6.3 STREET					Ì
CITY-ST-ZIP	ording that the information annulish unit	Calcia fraincia	6.4 CITY-S	T-ZIP	A 48 07/01/15			

I nereby certify that the information supplied with this filling 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 Offinged, or on an attachment with an address GREGORY