

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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90008 034 ***150.00

DOCUMENT # P95000007918

1. Corporation Name
EAGLE PURE WATER SYSTEMS, INC.

Principal Place of Business

124 HARLEYSVILLE PIKE
STE. BARN
HARLEYSVILLE PA 19438
US

Mailing Address

PO BOX 96
HARLEYSVILLE PA 19438
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1995

4. FEI Number

65-0560919

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 16 HARBOUR PLACE

Suite, Apt. #, etc.

22

23 Soukerton, PA

City & State

24 18964

Zip

25 U.S.A

Country

2a. Mailing Address

26 P.O. 96

Suite, Apt. #, etc.

27

28 Harleysville, PA

City & State

29 19438

Zip

30 U.S.A

Country

9. Name and Address of Current Registered Agent

SNYDER, WILLIAM III
3522 SHADOWOOD DR
VALRICO FL 33594

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 *William Snyder III*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/99
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME COMITZ, GREGORY

STREET ADDRESS 663 HARPER LANE

CITY-ST-ZIP HARLEYSVILLE PA

TITLE V ☐ DELETE

NAME SNYDER, WILLIAM III

STREET ADDRESS 3522 SHADOWOOD DRIVE

CITY-ST-ZIP VALRICO FL

TITLE ST ☐ DELETE

NAME MCKEOWN, THOMAS

STREET ADDRESS 1499 SKIPPACK PIKE

CITY-ST-ZIP SKIPPACK PA

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 COMITZ, GREGORY ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1083 KINGSCOTE DRIVE

1.4 CITY-ST-ZIP HARLEYSVILLE, PA 19438

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

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

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 215-256-9515
Date Daytime Phone #

CR2E034 (11/98)