

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90148 006 ***150.00

DOCUMENT # P95000025950

1. Corporation Name

THE WATER STORE, INC.

Principal Place of Business

Mailing Address

1104 S.E. 12TH AVENUE
CAPE CORAL FL 33990

1104 S.E. 12TH AVENUE
CAPE CORAL FL 33990

5796 ENTERPRISE PKWY ← SAME
FORT MYERS, FL 33905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1995

4. FEI Number

59-2514110

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 the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 5796 Enterprise Pkwy 26
Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Fort Myers, FL 33903 27
City & State

City & State

23 Zip Country
24 25

28 Zip Country
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RITTER, LELAND G JR.
1104 S.E. 12TH AVENUE
CAPE CORAL FL 33990

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME RITTER, LELAND G JR.
STREET ADDRESS 1104 S.E. 12TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33990

1.1 TITLE Vice President ☒ Change ☐ Addition
1.2 NAME Leland Ritter JR.
1.3 STREET ADDRESS 5796 Enterprise Pkwy
1.4 CITY-ST-ZIP FORT MYERS, FL 33905

TITLE STD ☐ DELETE
NAME RITTER, LELAND G SR.
STREET ADDRESS 1104 S.E. 12TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33990

2.1 TITLE President ☒ Change ☐ Addition
2.2 NAME Leland Ritter SR.
2.3 STREET ADDRESS 5796 Enterprise Pkwy
2.4 CITY-ST-ZIP FORT MYERS, FL 33905

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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

2/1/99 941-693-4700
Date Daytime Phone #

CR2E034 (11/98)