## 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

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90152 041 \*\*\*150.00

DOCUMENT #	P95000038265
1. Corporation Name	1 0000000000000000000000000000000000000

THE WA	ter line water conditi	ONING, INC.								
Principal Place		Mailing Address	_							
9214 FORRESTE BRADENTON FL		9214 FORRESTER DRIVE BRADENTON FL 34202	•							
BRADENION FL	. 34202	DHADENTON TE. 34202					DO NOT WRITE IN	THIS SPACE		
						3.	Date Incorporated or Qualifed			
							05/12/1995			
2. Principal Pl	ace of Business	2a. Mailing Address				1	FEI Number		oplied For	
21		26					65-0584118	· · · · · · · · · · · · · · · · · · ·	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.   22 27					5.	Certificate of Status Desired		Additional equired		
City & State	9	City & State				6.	Election Campaign Financing	\$5.00	May Be	
23	28					Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Co	untry		8.	8. This corporation owes the current year Intangible			
24	25	29	30				Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curren	t Registered Agent		<u> </u>		10.	Name and Address of New Regis	tered Agent		
				81	Name					
	ATH, JAMES M			82	Street Add	treet Address (P.O. Box Number is Not Acceptable)				
9214 FORRESTER DRIVE					V	,				
BRA	DENTON FL 34202			83						
				84	City			FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the	above	l e-named col	rporation	n submits this statement for the purpo	ose of changing its	registered	
I office or n	to the provisions or Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	s authorize	d by	the corpora	ition's bo	pard of directors. I hereby accept the	appointment as re	egistered	
SIGNATURE		A LOS VI AVAILABLE ALVA	OTC: Desistan	d A	t signature requi	irod when re	emetating)	ATE		
12.	Signature, typed or printed name of registered ager	ID DIRECTORS	13.		t signature requi		ADDITIONS/CHANGES TO OFFICE		ORS IN 12	
TITLE	D ·	□ DELETE		ITLE		· · ·		☐ Change	Addition	
NAME	ZOVATH, JAMES M	<del>_</del>	121	IAME						
STREET ADDRESS	9214 FORRESTER DRIVE		1		ADDRESS				İ	
CITY-ST-ZIP				ITY-SI	r-ZIP				1	
TITLE	DIVIDENTON LE OTESE	☐ DELETE	2.1 T					☐ Change	☐ Addition	
NAME			2.2 N	IAME						
STREET ADDRESS			2.3 5	TREET	ADDRESS					
CITY-ST-ZIP			2.4	CITY-S	T-ZIP					
TITLE		☐ DELETE		TILE				☐ Change	☐ Addition	
NAME			3.2 N	AME					}	
STREET ADDRESS			3.3 9	TREET	ADDRESS					
CITY-ST-ZIP	ST-ZIP 3.4.C			CITY-S	T-ZIP					
TITLE	□ DELETE 4.1 TI			ITLE				Change	☐ Addition	

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 changet, or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4 4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

mes M. Zovath 4/29/99 (941)-739-0959

☐ Addition

☐ Addition

Change

Change