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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000042066 (7)

1. Corporation Name

NATIONAL WATER TREATMENT CORP.

Principal Place of Business

2315 WEST GRIFFIN ROAD
SUITE #7
LEESBURG FL 34748

Mailing Address

2315 WEST GRIFFIN ROAD
SUITE #7
LEESBURG FL 34748-3315



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/24/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3317020

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

KILPATRICK, JOHN T
4786 C.R. 117-A
WILDWOOD FL 34785

10. Name and Address of New Registered Agent

81 Name

KILPATRICK, John T.

82 Street Address (P.O. Box Number is Not Acceptable)

1102 Linmark Ave.

83

Fruitland Park, FL 34731

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

TITLE PD
NAME FLINK, ROBERT L
STREET ADDRESS 802 CLUSTERWOOD DRIVE
CITY-ST-ZIP YALAHUA FL 34797

TITLE CEO
NAME KILPATRICK, JOHN T
STREET ADDRESS 4786 C.R. 117-A
CITY-ST-ZIP WILDWOOD FL

TITLE ST
NAME KILPATRICK, MARY SUE
STREET ADDRESS 4786 C.R. 117-A
CITY-ST-ZIP WILDWOOD FL 34785

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Flink, Robert L.
1.3 STREET ADDRESS 33535 Dogwood Ln.
1.4 CITY-ST-ZIP Fruitland Park, FL 34731

2.1 TITLE C.E.O.
2.2 NAME Kilpatrick, John T.
2.3 STREET ADDRESS 1102 Linmark Ave.
2.4 CITY-ST-ZIP Fruitland Park, FL 34731

3.1 TITLE ST
3.2 NAME Kilpatrick, Mary Sue
3.3 STREET ADDRESS 1102 Linmark Ave.
3.4 CITY-ST-ZIP Fruitland Park, FL 34731

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0443721

CR2E034 (9/96)