

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000042072 (5)

1. Corporation Name

NATIONAL WATER TREATMENT MFG. CO. INC.



Principal Place of Business

2321 WEST GRIFFIN ROAD  
LEESBURG FL 34748

Mailing Address

2321 WEST GRIFFIN ROAD  
LEESBURG FL 34748

3. Date Incorporated or Qualified

05/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

4. FEI Number

59-3317018

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

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

Signature, typed or printed name of registered agent and title (Block 12)

(Print: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FUNK, ROBERT L	
STREET ADDRESS	802 CLUSTERWOOD DRIVE	
CITY-ST-ZIP	YALAHUA FL 34797	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KILPATRICK, JOHN T	
STREET ADDRESS	4786 C.R. 117-A	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KILPATRICK, MARY SUE	
STREET ADDRESS	4786 C.R. 117-A	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

35535 Dogwood Drive  
Fruitland Park FL 34731

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Sue Kilpatrick

4/25/96 352-360-0730

CR2E034 (12/95)