

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000061756 (9)

1. Corporation Name

BRYCE WATER TECHNOLOGIES, INC.



Principal Place of Business

612 STAFFORDSHIRE DRIVE
JACKSONVILLE FL 32225

Mailing Address

612 STAFFORDSHIRE DRIVE
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified
08/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 5121 BOWDEN RD

2a. Mailing Address

26 5121 BOWDEN RD

Suite, Apt. #, etc.

22 Ste 202

Suite, Apt. #, etc.

27 Ste 202

City & State

23 JACKSONVILLE, FL

City & State

28 JACKSONVILLE, FL

Zip

24 32216

Country

Zip

29 32216

Country

30

4. FEI Number

59-3532776

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

BRYANT, PATRICIA M
2794 VENETIAN WAY
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name

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

3411 MORNING DOVE LANE

83

84 City

JACKSONVILLE BCH FL

85 Zip Code

32250

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 ☐ DELETE

NAME BRYANT, PATRICIA M
STREET ADDRESS 2794 VENETIAN WAY
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE VP ☐ DELETE

NAME EBERL, EDWARD J
STREET ADDRESS 612 STAFFORDSHIRE
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ST ☐ DELETE

NAME BRYANT, PAUL
STREET ADDRESS 2794 VENETIAN WAY
CITY-ST-ZIP GULF BREEZE FL 32561

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3411 MORNING DOVE LANE
JACKSONVILLE BCH, FL

32250

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

612 STAFFORDSHIRE DRIVE
JACKSONVILLE, FL

32225

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3411 MORNING DOVE LANE
JACKSONVILLE BCH, FL

32250

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)