

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000002834 (5)**

1. Corporation Name

BEST WATER TREATMENT, INC.

Principal Place of Business

**280 DEER ISLE DR
KILLARNEY FL 34740**

Mailing Address

**P O BOX 158
KILLARNEY FL 34740**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1996

2. Principal Place of Business

21 1096 U.S. 1 NORTH

Suite, Apt. #, etc.

22 UNIT 101/102

City & State

23 ORMOND BEACH, FL.

Zip

Country

24 32174

25 USA

2a. Mailing Address

26 1096 U.S. 1 NORTH

Suite, Apt. #, etc.

27 UNIT 101/102

City & State

28 ORMOND BEACH, FL.

Zip

Country

29 32174

30 USA

4. FEI Number

59-3355962

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**JESKE, FRANK
280 DEER ISLE DR
KILLARNEY FL 34740**

10. Name and Address of New Registered Agent

81 Name

JESKE, FRANK

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

2772 S. PENINSULA DRIVE

83

DAYTONA BEACH, FL. 32118

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 ☐ DELETE

**DP
JESKE, FRANK D
280 DEER ISLE DR
KILLARNEY FL 34740**

TITLE ☐ DELETE

**DST
JESKE, FRANK D
280 DEER ISLE DR
KILLARNEY FL 34740**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

**DP
JESKE, FRANK D.
2772 S. PENINSULA DRIVE
DAYTONA BEACH, FL. 32118**

2.1 TITLE ☒ Change ☐ Addition

**DST
JESKE, FRANK D.
2772 S. PENINSULA DRIVE
DAYTONA BEACH, FL. 32118**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 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.

SIGNATURE:

Frank D. Jeske

3/10/98

CR2E034 (10/97)