

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

FILED

Feb 28 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 # **P96000051810 (5)**

1. Corporation Name

WATER TECHNOLOGY DESIGN, INC.

Principal Place of Business
**12208 SPRINGMOOR DRIVE
JACKSONVILLE FL 32225**

Mailing Address
**PO BOX 350880
JACKSONVILLE FL 32235-0880**



3. Date Incorporated or Qualified

06/14/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3389029

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, GREGORY R
12208 SPRINGMOOR DRIVE
JACKSONVILLE FL 32225**

81. Name

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

83. City

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 of person in position of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SMITH, GREGORY R**
12208 SPRINGMOOR DRIVE
CITY-ST-ZIP **JACKSONVILLE FL 32225**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **SMITH, GREGORY R**
1.3 STREET ADDRESS **12208 SPRINGMOOR DRIVE**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **V/D** ☐ Change ☒ Addition
2.2 NAME **SCOTT CHRISTENSEN, SCOTT L**
2.3 STREET ADDRESS **2955 LANTANA LARGES DR, E**
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **V/D** ☐ Change ☒ Addition
3.2 NAME **HIEB, GREG**
3.3 STREET ADDRESS **8685 SOUTHERN GLEN**
3.4 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97

(904) 641-4500

Date Daytime Phone #

CR2E034 (9/96)