PROFIT CORPORATION · ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90061 020 ***150.00

1. Corporation Name P96000054342										
	-WATERS CORPO	RATION								
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Principal Place of Business Mailing Address							A SECTION OF STREET BEING BEING BEST.			
13309 LAKE GEORGE PL P.O. BOX 2186										
TAMPA FL 33618 AUBURNDALE FL 33823 US US							DO NOT W	RITE IN THIS	SPACE	
UV	•	00					3. Date Incorporated or Qualife	d		
							06/24/1996			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			olied For
21 305 ariana 51va 26							NOT APPLICABLE	7.4		Applicable
Suite, Apt.	#, etc.	├ ──	e, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Red	
22 Ciby & State	- \ \	27 City	& State				6. Election Campaign Financin		\$5.00	
23 City & State	"Amy als	28 City	G Oldio			[]	 Election Campaign Financing Trust Fund Contribution 	9 🗀	Added to	•
Zip Country Zip							8. This corporation owes the co	ırrent year Int		
24 338	23 25 U	5A 29	30	<u></u>			Personal Property Tax.		Yes	□No
	9. Name and Addre	ss of Current Registered	Agent	81		1	0. Name and Address of New	Registered	Agent	
DIDLEY & DIDLEY DA					Name					
BUBLEY & BUBLEY, PA 3820 NORTDALE BLVD.				82	Street A	Address	(P.O. Box Number is Not Acce	otable)		
SUITE 312B				83						
TAMPA FL 33624			63							
			84	City			FI	85 Zip C	Code	
11. Pureuant	to the provisions of Sect	tions 607.0502 and 607.15	08. Florida Statutes.	the above	i e-named d	corporat	ion submits this statement for the	ne purpose of	LI I changing its	registered
office or r	anietarad agent, or hoth	, in the State of Florida. Su ept the obligations of, Sect	ich change was autho	onzed by	the corbo	ration's	board of directors. I hereby acc	ept the appoi	ntment as reg	istered
	m lamiliai with, anti acci	spr trie oongations of, Sect	, 501.5505, 1 jojida		•		•			
SIGNATURE		of registered agent and title if applic		-	nt signature re	quired whe		DATE	D DIDECT -	DO (N) 40
12.		FFICERS AND DIRECTO		13.	<u>·</u>		ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	RS IN 12
TITLE	D .	שאינה טון	T DELETE	1.1 TITLE					☐ Change	☐ voginon
NAME	ACREE, MARY J	Dec 100 and Dist		1.2 NAME 1.3 STREET ADORESS						
STREET ADDRESS	8503 NO 29TH ST	Auba 2007			1					
CITY-ST-ZIP	TAMPA FL 33604	<u> </u>	CONTRACTOR (C. CONTRACTOR)	1.4 CITY-S' 2.1 TITLE	1.715				Change	Addition
TITLE NAME	SCOTT, JUDITH A	Charge Octor	\$25.40°	22 NAME						_
STREET ADDRESS	8503 NO 29TH ST	305 (1800mg	s skings	2.3 STREET	TADØRESS					}
CITY-ST-ZIP	TAMPA FL 33604	Cluboundals	:.24 33822	2. 4 CITY-S	ļ		<u> </u>	, s		- -
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STREET ADDRESS				3.3 STREET	TADDRESS					}
CITY-ST-ZIP				3.4. CITY-S	IT-ZIP				Channe	[] Addision
TITLE	*,		☐ DELETE	4.1 TITLE	-				Change	Addition
NAME		•		4. 2 NAME						
STREET ADDRESS	'				T ADDRESS					
C/TY-ST-ZIP			☐ DELETE	4.4 CITY-S' 5.1 TITLE	I-ZIP				☐ Change	Addition
NAME .	,			5.2 NAME						
STREET ADDRESS					TADDRESS					
CITY-ST-ZIP				5.4 CITY-S	r-zip					
TITLE			☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME				6.2 NAME						
STREET ADDRESS		* •		6.3 STREET	TADORESS					}
l .	I			C 4 OFF / C	7 710					

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 aftechment with an address, with all other like empowered.

SIGNATURE: