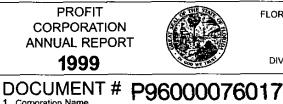
PROFIT CORPORATION ANNUAL REPORT

1999

D.T. WATER CORPORATION

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90195 030 ***150.00



Principal Place of Business Mailing Address								
16051 OLD U.S. 41 16051 OLD U.S. 41								
FT. MYERS FL 33912		FT. MYERS FL 33912			DO NOT WRITE IN THIS SP	ACE		
						3. Date Incorporated or Qualifed		
						09/10/1996		
2. Principal PI	ace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number	\sqcap	Applied For
21		26				65-0620677		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional			
22	,	27				5. Certifcate of Status Desired	Fee	Required
City & State	9	City & State				6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	Country	У		8. This corporation owes the current year Intang		e-3
24	25	29	30			T diddilat i toporty Taxe.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent	81	_		10. Name and Address of New Registered Age	ent	
MACON DALE M				'	Name			
MAST, DALE M			82	82 Street Address (P.O. Box Number is Not Acceptable)				
16051 OLD U.S. 41 FT. MYERS FL 33912			<u> </u>					
F1. N	AICHO FL 33912		83	,				
			84	+	City	FL ^f	35 Z	p Code
		00 and 007 4500 Finally 011	too the elec-	1	named care		ngine	its registered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State n familiar with, and accept the oblig	of Florida. Such change was :	authorized by	/ th	named corpo ne corporation	oration submits this statement for the purpose of cha on's board of directors. I hereby accept the appointm	ent as	registered
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				nt s	signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	HPEC	TOPS IN 12
12.		ND DIRECTORS	13.	_			1 Chanc	
TITLE	D	☐ DELETE	1,1 TITLE		}) Onong	, 140,0011
NAME	MAST, DALE M		1.2 NAME					
STREET ADDRESS			1.3 STREE					
CITY-ST-ZIP	FT. MYERS FL 33912			1.4 CITY-ST-ZIP] Chang	e Addition
TITLE	D	☐ VELETE	2.1 TITLE				J 0114111	,c
NAME	inion, rational b			2.2 NAME				
STREET ADDRESS	16051 OLD U.S. 41		2.3 STREE		ì			
CITY-ST-ZIP	FT. MYERS FL 33912	Therese.	2. 4 CITY-		- ZIP		Chang	e Addition
TITLE		DELETE	3.1 TITLE		1	,	J Ondry	,
NAME	1		3.2 NAME					
STREET ADDRESS			3.3 STREE					
CITY-ST-ZIP			3.4. CITY-		ZIP		Chang	pe Addition
TITLE		☐ DELETE	4.1 TITLE			L.		e 🔲 Addition
NAME			4. 2 NAME					
STREET ADDRESS			43 STREE					
CITY-ST-ZIP			4.4 CITY-	_	ZIP		Char	na D Addition
ΠΠLE		☐ DELETE	5.1 TITLE			L] Chan	ge
NAME			5 2 NAME					
STREET ADDRESS			5.3 STREE					
CITY-ST-ZIP			5.4 CITY-		ZIP		701:	
TITLE		☐ DELETE	6.1 शाLE			Ľ] Chan	ge
NAME			6.2 NAME		1			
STREET ADDRESS			6.3 STREE	ET A	ADDRESS			

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, with all other like empowered. CITY-ST-ZIP

SIGNATURE: