

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

03-06-1999 90142 048 ***150.00

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DOCUMENT # P96000102490

1. Corporation Name

SOUTHEASTERN H2O, INC.



Principal Place of Business

26005 NW 122ND ST
ALACHUA FL 32615

Mailing Address

26005 NW 122ND ST
ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 327 NW 23rd Avenue	26 327 NW 23rd Avenue
22 Suite, Apt. #, etc. 22 Suite 1	27 Suite, Apt. #, etc. 27 Suite 1
23 Gainesville FL	28 Gainesville FL
24 Zip 32609 Country USA	29 Zip 32609 Country USA

3. Date Incorporated or Qualified

12/19/1996

4. FEI Number

59-3420596

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

KIRKPATRICK, RANDY D
13521 NW 137TH PLACE
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name

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

83

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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
P KIRKPATRICK, NANCY J 26005 NW 122ND STREET ALACHUA FL	President / Secretary Kirkpatrick, Nancy J. 327 NW 23rd Avenue Gainesville FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
VP KIRKPATRICK III, CHARLES C 26005 NW 122ND STREET ALACHUA FL	Vice President Kirkpatrick, III Charles C. 327 NW 23rd Avenue Gainesville FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
S KIRKPATRICK JR, CHARLES C 26005 NW 122ND STREET ALACHUA FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 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, with all other like empowered.

SIGNATURE

Nancy J. Kirkpatrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 2/22/99 (352)380-0688

Date

Daytime Phone #

CR2E034 (11/98)