

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

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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90081 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000018971

1. Corporation Name
WEST COAST WATERWORKS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950

Mailing Address
115 WEST OLYMPIA AVENUE
POST OFFICE DRAWER 511447
PUNTA GORDA FL 33951-1447

3. Date Incorporated or Qualified
02/28/1997

4. FEI Number
65-0731885

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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 4370 Conway Blvd
Suite, Apt. #, etc.
22
City & State
23 Port Charlotte, FL
Zip
24 33952
Country
25
2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30 USA

9. Name and Address of Current Registered Agent

HACKETT, JACK O II
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

William Saunders
4370 Conway Blvd
Port Charlotte FL 33952

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DPT	CURTIS, CHRISTIAN	2556 STARLITE LANE	PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/>
VSD	SAUNDERS, WILLIAM	1216 INVERNESS STREET	PORT CHARLOTTE FL 33952	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DPTVS	SAUNDERS William	4370 CONWAY BLVD	PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *W. Saunders* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99 (94) 629-9308
Date Daytime Phone #

CR2E034 (11/98)