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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000025422 (1)
1. Corporation Name
FLORIDA WATER CONSUMER PRODUCTS CORPORATION

Principal Place of Business

1000 COLOR PLACE
APOPKA FL 32703

Mailing Address

P.O. BOX 609119
ORLANDO FL 32860-9119



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1997

4. FEI Number

59-3431155

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

ARMSTRONG, BRIAN P ESQ
1000 COLOR PLACE
APOPKA FL 32703

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

TITLE D
NAME CIRELLO, JOHN
STREET ADDRESS 1000 COLOR PLACE
CITY-ST-ZIP APOPKA FL 32703 ☐ DELETE

TITLE D
NAME LUDSEN, FORREST L
STREET ADDRESS 1000 COLOR PLACE
CITY-ST-ZIP APOPKA FL 32703 ☐ DELETE

TITLE D
NAME BENCINI, MORRIS A
STREET ADDRESS 1000 COLOR PLACE
CITY-ST-ZIP APOPKA FL 32703 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CONTROLLER ☐ Change ☒ Addition
1.2 NAME STEVE JENSEN
1.3 STREET ADDRESS 2180 W. STATE RD 434 SUITE 1100
1.4 CITY-ST-ZIP LONGWOOD, FL 32779

2.1 TITLE SECRETARY ☐ Change ☒ Addition
2.2 NAME ALAN ARMSTRONG
2.3 STREET ADDRESS 1000 COLOR PL
2.4 CITY-ST-ZIP APOPKA, FL 32703

3.1 TITLE ASST SECRETARY ☐ Change ☒ Addition
3.2 NAME DONNA HENRY
3.3 STREET ADDRESS 1000 COLOR PL
3.4 CITY-ST-ZIP APOPKA, FL 32703

4.1 TITLE KATHY JUNG ☐ Change ☒ Addition
4.2 NAME TACHIBANA (ASST)
4.3 STREET ADDRESS 1000 COLOR PL
4.4 CITY-ST-ZIP APOPKA, FL 32703

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

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

[Signature]

3/4/98

(467) 786-0090 EXT 107

CR2E034 (10/97)