

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
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90007 046 ***550.00

DOCUMENT # P97000025422

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

30

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	CIRELLO, JOHN	1000 COLOR PLACE	APOPKA FL 32703	<input checked="" type="checkbox"/>
D	LUZSEN, FORREST L	1000 COLOR PLACE	APOPKA FL 32703	<input checked="" type="checkbox"/>
D	BENCINI, MORRIS A	1000 COLOR PLACE	APOPKA FL 32703	<input checked="" type="checkbox"/>
C	JENSEN, STEVE	2180 W STATE ROAD 434 STE 1100	LONGWOOD FL 32779	<input type="checkbox"/>
S	ARMSTRONG, BRIAN	1000 COLOR PLACE	APOPKA FL 32703	<input type="checkbox"/>
AS	HENRY, DONNA	1000 COLOR PLACE	APOPKA FL 32703	<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
D, P	Cirello, John	1000 Color Place	Apopka, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D, V	Ludsen, Forrest L.	1000 Color Place	Apopka, FL 32703	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D, V	Bencini, Morris A.	1000 Color Place	Apopka, FL 32703	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Perry, James A.	1000 Color Place	Apopka, FL 32703	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN P. ARMSTRONG

5/17/99

407/880-0058

Date

Daytime Phone #

CR2E034 (11/98)