

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90002 046 ***150.00

DOCUMENT # **P97000078287**

1. Corporation Name
LIVING WATER, INC.

Principal Place of Business
**8865 RAMBLEWOOD DR. #1914
CORAL SPRINGS FL 33071**

Mailing Address
**8865 RAMBLEWOOD DR. #1914
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1997

4. FEI Number

65-0780307

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 3870 NW 4th Court

Suite, Apt. #, etc.

City & State

23 Coconut Creek, FL

Zip Country

24 33066 25 USA

2a. Mailing Address

26 3870 NW 4th Court

Suite, Apt. #, etc.

City & State

28 Coconut Creek, FL

Zip Country

29 33066 30 USA

9. Name and Address of Current Registered Agent

**HARPSTER, JOA JANE
8865 RAMBLEWOOD DR. #1914
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name Joa Jane Harpster (Same)

**82 Street Address (P.O. Box Number is Not Acceptable)
3870 NW 4th Court**

83

84 City

Coconut Creek

FL

**85 Zip Code
33066**

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 **P** ☐ DELETE

NAME **HARPSTER, KENNETH N**
STREET ADDRESS **8865 RAMBLEWOOD DR, #1914**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **VT** ☐ DELETE

NAME **HARPSTER, JOA J**
STREET ADDRESS **8865 RAMBLEWOOD DR, #1914**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **P** ☒ Change ☐ Addit

1.2 NAME **Harpster, Kenneth**
1.3 STREET ADDRESS **3870 NW 4th Court**
1.4 CITY-ST-ZIP **Coconut Creek, FL 33066**

2.1 TITLE **VT** ☒ Change ☐ Addit

2.2 NAME **Harpster, Joa J**
2.3 STREET ADDRESS **3870 NW 4th Court**
2.4 CITY-ST-ZIP **Coconut Creek, FL 33066**

3.1 TITLE ☐ Change ☐ Addit

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addit

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addit

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addit

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:

Kenneth N Harpster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-21-99

Daytime Phone #

954-978-606