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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000088700 1. Corporation Name

ARK WATER, INC.

## **FILED** Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90040 035 \*\*\*150.00



Principal Place		A A COLOR A MARKAGAN					
	of Business	Mailing Address					
9895 S. INDIAN	RIVER DR.	9895 S. INDIAN RIVER DR. FT. PIERCE FL 34982-7847					
FT. PIERCE FL 3	34982-7847	FT. PIENCE PL 34302-7047			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					10/14/1997		
2 Principal Pla	ace of Business	2a. Mailing Address	··		4. FEI Number	تتنابا دي	olied For
21		26			65-0786957		Applicable
Suite, Apt. #	# etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
		27			3. Cermone of June 5 June 5	Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	· · · · · · · · · · · · · · · · · · ·
¬. '	,	28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Into	angible	
	25	29	30		Personal Property Tax.		□No
24	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
	or reality date :			81 Name			
KENI	NAUGH, CARL A			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	S. INDIAN RIVER DR.			62 Stieet Auc	mess (r.O. box realises to real section and realises	5.25 5.11 12.31;	* * * * * * * * * * * * * * * * * * * *
	PIERCE FL 34982-7847			83		<b>有關關係</b>	
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				84 City	FL	_   65   210 \	3000
		n - 1 COZ 4EOR Elecido Statut	os the a	hove-named cor	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	changing its	registered
11. Pursuant	to the provisions of Sections 607:050.  Sections 607:050.	of Florida. Such change was a	uthorized	by the corporal	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	intment as re	gisterea
agent. I a	registered agent, or both, in the State in familiar with, and accept the obligation	tions of, Section 607.0505, Flo	rida Stati	utes.			
SIGNATURE		41075	This state as a	A cont elegature requi	red when reinstating) ; ; ; ; ; DATE		
	Signature, typed or printed name of registered ager	a did the mapped	13.	Agent agnotine requi	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 12
	T	D DIRECTORS  DELETE	1.1.70	n F	165,1359887	☐ Change	☐ Addition
TITLE .	D						
	MENTALION CADI A		12 M	AME	was telephone		
NAME	KENNAUGH, CARL A		1.2 N	1	www.ts.tat		
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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: