

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90007 041 ***150.00

DOCUMENT # **P98000010588**

1. Corporation Name

TREASURE COAST WATER ICE, INC.

Principal Place of Business

**8768 S.E. WOODWIND ST.
HOBE SOUND FL 33455**

Mailing Address

**8768 S.E. WOODWIND ST.
HOBE SOUND FL 33455**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1998

4. FEI Number

65-0812677

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.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Zip Country

City & State

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**INGRAM, WILLIAM T SR
11130 S.E. FEDERAL HIGHWAY
HOBE SOUND FL**

10. Name and Address of New Registered Agent

81 Name **Edgar F. Pass Jr**
82 Street Address (P.O. Box Number is Not Acceptable)
810 SE Federal Hwy
83
84 City **Stuart** **FL** **85** Zip Code **34994**

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

4/14/99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **Treasurer**
NAME **Edgar F. Pass Jr**
STREET ADDRESS **FL**
CITY-ST-ZIP **8768 SE Woodwind St Hobe Sound 33455**

TITLE **President**
NAME **Kim. M. Pass**
STREET ADDRESS
CITY-ST-ZIP **8768 SE Woodwind St Hobe Sound FL 33455**

TITLE **Vice President**
NAME **Betty J. Johnston**
STREET ADDRESS **2244 S. Daytona Ave**
CITY-ST-ZIP **Flagler Beach, FL 32136**

TITLE **Secretary**
NAME **William R. Johnston**
STREET ADDRESS **2244 S Daytona Ave**
CITY-ST-ZIP **Flagler Beach, FL 32136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
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 119.073(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 a different like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

Date

(561) 731-1039

Daytime Phone #

CR2E034 (11/98)