

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 01, 1999 8:00 am
Secretary of State

06-01-1999 90022 009 ***150.00

DOCUMENT # S52285

1. Corporation Name

LIVIN' WATERS OF WEST FLORIDA INC.

Principal Place of Business

1813 S.W. 3rd Pl.
1813 SHELBY PKWY
CAPE CORAL FL 33904
US 33991

Mailing Address

1813 S.W. 3rd Pl.
1813 SHELBY PKWY
CAPE CORAL FL 33904
US 33991

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1991

4. FEI Number

59-3065307

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 1813 S.W. 3rd Pl.
Suite, Apt. #, etc.

2a. Mailing Address

26 1813 S.W. 3rd Pl.
Suite, Apt. #, etc.

23 City & State

Cape Coral, FL

28 City & State

Cape Coral, FL

24 Zip

33991

Country

29 Zip

33991

Country

30

9. Name and Address of Current Registered Agent

LANDIS, DARYL C
1313 SHELBY PKWY
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

Landis, Daryl C.

82 Street Address (P.O. Box Number is Not Acceptable)

1813 S.W. 3rd Pl.

83

84 City

Cape Coral

FL

85 Zip Code

33991

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 LANDIS, DARYL C
STREET ADDRESS 1313 SHELBY PKWY
CITY-ST-ZIP CAPE CORAL FL 33960

TITLE S ☐ DELETE

NAME LANDIS, F
STREET ADDRESS 1313 SHELBY PKWY
CITY-ST-ZIP CAPE CORAL FL 33904

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 ☐ Addition

1.2 NAME Landis, Daryl C.
1.3 STREET ADDRESS 1813 S.W. 3rd Pl.
1.4 CITY-ST-ZIP Cape Coral, FL 33991

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME Landis, Faith
2.3 STREET ADDRESS 1813 S.W. 3rd Pl.
2.4 CITY-ST-ZIP Cape Coral, FL 33991

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/13/99 941-940-2058

CR2E034 (11/98)