

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
FILED

CHIEF OF BUREAU 15

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State

1995 S.A. 95 B-6808 CORPORATIONS NC

DOCUMENT # S60271

(1)

1. Corporation Name

SPA WATER SYSTEMS, INC.

Principal Place of Business

2375 SW COLLEGE RD
OCALA FL 34474
US

Mailing Address

2375 SW COLLEGE RD
OCALA FL 34474
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1991

3a. Date of Last Report

01/26/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributions

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for attributable tax under S. 199 (32).
Federal Estimates ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt # apt

22

State Apt # apt

27

City & State

23

City & State

28

24. ☐ 25. ☐

24

29

29. ☐ 30. ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORREST, IRVIN L.
2375 SW COLLEGE RD
OCALA FL 34474

81. Name

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

83

84. City

FL

85. Zip Code

11. For each of the preceding three years (1991, 1992, and 1993), Florida Statutes requires each corporation to submit the statement for the purpose of changing its registered office as required by statute in the State of Florida. Such change was authorized by this corporation's board of directors. I hereby accept the appointment as registered agent. I am authorized to accept the appointment of the new registered office, Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS

NAME	PD FORREST, I L 3447 SE FT KING STR #215J OCALA FL
NAME	D BARRETT, JANET C 3447 SE FT KING STR #215J OCALA FL
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

NAME		Change	Add
NAME		Change	Add
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NAME		Change	Add

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law to exempt Florida Statutes. I affirm further that the information included 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 officer or director empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears thereon. I declare that I am not a corporation or an individual with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I. L. FORREST

5-17-95

629-9690