

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 20 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V19398

(9)

1. Corporation Name

INLET WATERS, INC.

Principal Place of Business

9700 SOUTH A1A  
MELBOURNE BEACH FL 32951

Mailing Address

925 INDIAN RIVER DRIVE  
SUITE 1  
SEBASTIAN FL 32958  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/05/1992

3a. Date of Last Report

04/13/1994

4. FEI Number

59-3112611

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 has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

9500 South A1A

27

Suite, Apt. #, etc.

28

City & State

29

Zip

Country

30

USA

9. Name and Address of Current Registered Agent

WILLIAMS, HERBERT  
1201 US HWY ONE  
S415  
N PALM BCH FL 33408

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

FRENCH, ALAN M.  
925 INDIAN RIVER DRIVE, #1  
SEBASTIAN FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

FRENCH, NANCY L.  
925 INDIAN RIVER DRIVE, #1  
SEBASTIAN FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☒ Change ☐ Addition

9500 South A1A  
Melbourne Bch, FL 32951

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☒ Change ☐ Addition

9500 South A1A  
Melbourne Bch, FL 32951

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy French Nancy French 4-12-95 (467) 725-6828