

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 22, 1999 8:00 am  
Secretary of State

04-22-1999 90209 037 \*\*\*150.00

DOCUMENT # V44373

1. Corporation Name  
MID-FLORIDA WATER CONDITIONING, INC.

Principal Place of Business  
1548 OLD DAYTONA CIR  
DELAND FL 32724  
US

Mailing Address  
P.O. BOX 705  
DELAND FL 32721-0705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1992

4. FEI Number

59-3128595

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

2a. Mailing Address

21 1548 Old Daytona Cir

26 PO Box 705

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Deland FL 32724

27

City & State

City & State

23 Deland FL 32724

28 Deland FL

Zip

Country

Zip

Country

24 32724

25 USA

29 32721-0705

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUER, KIRK T.  
223 S. WOODLAND BLVD.  
DELAND FL 32721

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV  
NAME BENNETT, KENNETH CHARLES, II  
STREET ADDRESS 542 N. SUMMIT AVE.  
CITY-ST-ZIP LAKE HELEN FL 32744

1.1 TITLE SAME  
1.2 NAME SAME  
1.3 STREET ADDRESS 4704 Blue Heron Pl  
1.4 CITY-ST-ZIP DeLeon Springs FL 32130

TITLE DST  
NAME BENNETT, LISA J  
STREET ADDRESS 542 N. SUMMIT AVE.  
CITY-ST-ZIP LAKE HELEN FL

2.1 TITLE SAME  
2.2 NAME SAME  
2.3 STREET ADDRESS 4704 Blue Heron Pl  
2.4 CITY-ST-ZIP DeLeon Springs FL 32130

TITLE DP  
NAME BENNETT, KENNETH C., II  
STREET ADDRESS 542 N. SUMMIT AVE.  
CITY-ST-ZIP LAKE HELEN FL

3.1 TITLE SAME  
3.2 NAME SAME  
3.3 STREET ADDRESS 4704 Blue Heron Pl  
3.4 CITY-ST-ZIP DeLeon Springs, FL 32130

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
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 119.07(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:

Kenneth C. Bennett II

4-19-99

904-736-2120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)