

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003915

Entity Name: TALQUIN WATER AND WASTEWATER, INC.**Current Principal Place of Business:**1640 WEST JEFFERSON STREET
QUINCY, FL 32351-2134**Current Mailing Address:**POST OFFICE BOX 1679
QUINCY, FL 32353-1679**FEI Number:** 20-4787395**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENSLEY, TRACY A
1640 WEST JEFFERSON STREET
QUINCY, FL 32351-2134 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name PARARO, CARLA
Address 1640 WEST JEFFERSON STREET
City-State-Zip: QUINCY FL 32351-2134

Title DIRECTOR
Name WINTER, GREG
Address 1640 WEST JEFFERSON STREET
City-State-Zip: QUINCY FL 32351-2134

Title PRESIDENT
Name ALEXANDER, JOSEPH
Address 1640 WEST JEFFERSON STREET
City-State-Zip: QUINCY FL 32351-2134

Title D
Name MILLER, DAVID
Address 1640 WEST JEFFERSON STREET
City-State-Zip: QUINCY FL 32351-2134

Title D
Name FENN, SAMUEL J
Address 1640 WEST JEFFERSON STREET
City-State-Zip: QUINCY FL 32351-2134

Title SECRETARY
Name VANLANDINGHAM, BILLY
Address 1640 WEST JEFFERSON STREET
City-State-Zip: QUINCY FL 32351-2134

Title VP
Name BRISTOL, CLIFFORD
Address 1640 WEST JEFFERSON STREET
City-State-Zip: QUINCY FL 32351-2134

Title DIRECTOR
Name O'STEEN, JASON
Address 1640 WEST JEFFERSON STREET
City-State-Zip: QUINCY FL 32351-2134

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH ALEXANDER**PRESIDENT****01/14/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MILLER, ANTHONY
Address	1640 WEST JEFFERSON STREET
City-State-Zip:	QUINCY FL 32351-2134