

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

PROFIT CORPORATION ANNUAL REPORT



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

1996-26-96

B-1542

C

DOCUMENT # 365851 (5)

1. Corporation Name
WATER AND AIR RESEARCH INCORPORATED



Principal Place of Business: 6821 S.W. ARCHER ROAD GAINESVILLE FL 32608
Mailing Address: 6821 S.W. ARCHER ROAD GAINESVILLE FL 32608

3. Date Incorporated or Qualified: 06/17/1970
3a. Date of Last Report: 03/03/1995
4. FEI Number: 59-1302326
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
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**ZEGEL, W C
6821 SW ARCHER ROAD
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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: **William C. Zegel, President**
Signature, typed or printed name of registered agent and the principal officer or director (NOTE: Registered Agent's signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: ZEGEL, WILLIAM C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 11011 NW 12TH PLACE	CITY-ST-ZIP: GAINESVILLE, FL 00000	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE: T	NAME: EVANS, DAVID L	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2302 NW 15TH PL	CITY-ST-ZIP: GAINESVILLE FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE: VD	NAME: EVANS, MARY ANA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2302 SW 15TH PL	CITY-ST-ZIP: GAINESVILLE, FL 00000	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE: S	NAME: FELLOWS, CHARLES R	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6127 NW 24TH LANE	CITY-ST-ZIP: GAINESVILLE, FL 00000	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE: VD	NAME: STEINBERG, JERRY A.	5.1 TITLE: Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3035 S W 1ST AVE.	CITY-ST-ZIP: GAINESVILLE, FL 00000	5.2 NAME: Jerry A. Steinberg	
		5.3 STREET ADDRESS: 8507 S.W. 5th Place	
		5.4 CITY-ST-ZIP: Gainesville, FL	
TITLE: COB	NAME: MOSURA, E LYNN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2025 SW 19TH WAY	CITY-ST-ZIP: GAINESVILLE FL	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 this 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.

SIGNATURE: *William C. Zegel* **William C. Zegel, President** 352-372-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)