

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 507092 (5)

1. Corporation Name  
**CONTINENTAL WATER CONDITIONING OF JACKSONVILLE, INC.**



Principal Place of Business: 11190 ST. JOHNS IND PKWY.(32216) P.O. BOX 8841 JACKSONVILLE FL 32239  
Mailing Address: 11190 ST. JOHNS IND PKWY.(32216) P.O. BOX 8841 JACKSONVILLE FL 32239

3. Date Incorporated or Qualified: 07/13/1976  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business  
21 11190 ST JOHNS IND.PKWY.  
Suite, Apt. #, etc.  
22  
City & State  
23 JACKSONVILLE FL  
Zip Country  
24 32246 25 DUVAL

2a. Mailing Address  
26 P.O. BOX 17126  
Suite, Apt. #, etc.  
27  
City & State  
28 JACKSONVILLE FL  
Zip Country  
29 32245 30 DUVAL

4. FEI Number: 59-1688314  
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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FAULCONER, JAMES W.  
11190 ST. JOHNS IND. PKWY.  
JACKSONVILLE FL 32216**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	FAULCONER, JAMES W
STREET ADDRESS	11190 ST JOHNS IND PKWY
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	VP <input type="checkbox"/> DELETE
NAME	CHAMBERLAIN, LARRY J
STREET ADDRESS	11190 ST JOHNS IND PKWY
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	ST <input type="checkbox"/> DELETE
NAME	FAULCONER, MARY C
STREET ADDRESS	11190 ST JOHNS INDUSTRIAL PARKWAY
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE:

*Mary C. Faulconer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY C. FAULCONER

4/23/96

904 641 2544

Daytime Phone #

CR2E034 (12/95)