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May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 507092 (5)  
1. Corporation Name  
CONTINENTAL WATER CONDITIONING OF JACKSONVILLE, INC.



Principal Place of Business: 11180 ST. JOHNS IND. PKWY. JACKSONVILLE FL 32246 US  
Mailing Address: P.O. BOX 17126 JACKSONVILLE FL 32245-7126 US

3. Date Incorporated or Qualified: 07/13/1976  
3a. Date of Last Report: 04/26/1996  
4. FEI Number: 59-1688314  
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 State Apt. # etc., 22 City & State, 23 Zip, Country  
2a. Mailing Address: 26 Suite, Apt. #, etc., 27 City & State, 28 Zip, Country  
25 Country, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent  
FAULCONER, JAMES W.  
11180 ST. JOHNS IND. PKWY.  
JACKSONVILLE FL 32218

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAULCONER, JAMES W	
STREET ADDRESS	11180 ST JOHNS IND PKWY	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CHAMBERLAIN, LARRY J	
STREET ADDRESS	11180 ST JOHNS IND PKWY	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	FAULCONER, MARY C	
STREET ADDRESS	11180 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	D, VP, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAMIAN C. GEORGINO	
1.3 STREET ADDRESS	40-004 COOK ST.	
1.4 CITY- ST- ZIP	PALM DESERT, CA 92211	
2.1 TITLE	D, P, GM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NICHOLAS C. MEMMO	
2.3 STREET ADDRESS	40-004 COOK ST.	
2.4 CITY- ST- ZIP	PALM DESERT, CA 92211	
3.1 TITLE	D, VP, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KEVIN L. SPENCE	
3.3 STREET ADDRESS	40-004 COOK ST.	
3.4 CITY- ST- ZIP	PALM DESERT, CA 92211	
4.1 TITLE	VP, AG, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KEVIN L. SPENCE	
4.3 STREET ADDRESS	40-004 COOK ST.	
4.4 CITY- ST- ZIP	PALM DESERT, CA 92211	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KATHERINE M. DREWIK	
5.3 STREET ADDRESS	1901 S. PRAIRIE AVE.	
5.4 CITY- ST- ZIP	WAUKESHA, WI 53186	
6.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DUANE R. HUENNEKENS	
6.3 STREET ADDRESS	40-004 COOK ST.	
6.4 CITY- ST- ZIP	PALM DESERT, CA 92211	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* DATE: 4/10/97 DAYTIME PHONE: 414-521-8504

CR2E034 (9/96)