FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

1. Corporation	on Name # 559073	b (/)				
BISHOP'S WATER COMPANY, INC.						
DISTUP S WATER CUIVIPANT, INC.					t i nnint u tr as a tiu r (disi aur ts e ns as asses ass	EII 8(E): B(S): G(G): P(G): 100)
Principal Place of Business Mailing Address						411 41 3 11 01011 01011 01011 1881
2605 KELLEY LANE 2605 KELLEY LANE						
P. O. BOX 1009 P. O. BOX 1009						
LAKE WORTH FL 33460 LAKE WORTH FL 33460				DO NOT WRITE IN THIS SPACE		S SPACE
					3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address					02/07/1978	· · · · · · · · · · · · · · · · · · ·
21 Throipart lace of business		26		4. FEI Number	Applied For	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		59-1826359	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Zip Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	d Agent
	CRACKEN, JOHN B			81 Name		
PO DRAWER E 601 FLAGLER DR CT				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	PALM BEACH, FL		-	83		
33402				03		
			•	84 City	-	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	22 and 607, 1508. Florida Statu	es, the ab	ove-named cor		
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorized	by the corpora	poration submits this statement for the purpose atton's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	aria decept the estig	ations or, decision con.0000, 11	orida Stati	nes.		
SIGNATORE	Signature, typed or printed name of registered age		E: Registered	Agent signature requ	ired when reinstating) DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PTD	☐ DELETE 1.1		LE		Change Addition
NAME			1.2 NA	ME .		
STREET ADDRESS			1.3 STI	REET ADDRESS		
City - St - ZIP	W. PALM BEACH FL			Y-ST-ZIP		1 101
TITLE	S DICHAD TRICHAR	DELETE 2.11				☐ Change ☐ Addition
NAME	ACCO CADATOOA BAY DD		2.2 NA	•		
STREET ADDRESS	IV DALM DEAGLE EL			REET ADDRESS	1	
CITY-ST-ZIP TITLE			2. 4 CI	TY-\$T-ZIP		Change Addition
NAME			3.1 M	ļ		C Change C Addition
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DELETE	4.1 111			Change Addition
NAME		_	4. 2 NA	ME		
STREET ADDRESS			4.3 ST	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP	•	
TITLE		☐ DELETE	5.1 TIT			Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS				EET ADDRESS		
CITY - ST - ZIP				Y-ST-ZIP		ļ
TITLE		☐ DELETE	6.1 YIYI			Change Addition
NAME			6.2 NA	AE		
STREET ADDRESS			6.3 STF	EET ADDRESS		-
CITY-ST-ZIP				Y-ST-ZIP		
tat Iberehvio	artifu that the information cumplied wi	ith this filing does not qualify fo	or the aver	antion stated in	Section 110 07/3/6) Florida Statutos I further o	artification information

oes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information it is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an a propowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Jan 30 1998 8:00am

Secretary of State