FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:00

DOCUMENT # 718582 (0)

1. Corporation Name
CIRCLE DRIVE WATER SYSTEM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
RT. 2 BOX 1571 WILLISTON FL 32696 US	RT. 2 BOX 1571 WILLISTON FL 32696 US

3. Date Incorporated or Qualified: 05/26/1970
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-1669858 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SHIREY, HENRIETTA
RT. 2 BOX 1571
WILLISTON FL 32696

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VP ☐ Change ☐ Addition
NAME	WHITEHURST, CONWAY	1.2 NAME	CUTEKUNST, MADELYNE
STREET ADDRESS	RT 2 BOX 1424	1.3 STREET ADDRESS	RTO BOX 1560
CITY-ST-ZIP	WILLISTON, FL 00000	1.4 CITY-ST-ZIP	Williston, FL 32696
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	LLOYD, F.M.	2.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 1422	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DETWILER, JAMES D.	3.2 NAME	
STREET ADDRESS	RT 2 BOX 1421	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	MAGGARD, CAROLINE	4.2 NAME	
STREET ADDRESS	RT 2 BOX 1420	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON, FL 00000	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	SHIREY, HENRIETTA	5.2 NAME	
STREET ADDRESS	RT. 2 BOX 1571	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON, FL 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Henrietta Shirey 1-14-95 904-378-4118
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)

05S03B7