FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 718582 (0)

1. Corporation Name

CIRCLE DRIVE WATER SYSTEM, INC.

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: **01/23/1995**

4. FEI Number: **59-1669858** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE (Required) (NOTE: If changing Registered Agent, signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE	VD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	GUTEKUNST, MADELYNE		12 NAME		
STREET ADDRESS	RT. BOX 1560		13 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL		14 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	LLOYD, F.M.		22 NAME		
STREET ADDRESS	ROUTE 2, BOX 1422		23 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON, FL 00000		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	DETWILER, JAMES D.		32 NAME		
STREET ADDRESS	RT 2 BOX 1421		33 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON, FL 00000		34 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	MAGGARD, CAROLINE		42 NAME		
STREET ADDRESS	RT 2 BOX 1420		43 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON, FL 00000		44 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	SHIREY, HENRIETTA		52 NAME		
STREET ADDRESS	RT. 2 BOX 1571		53 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON, FL 00000		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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 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 1/22/96 352-528-4118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #