

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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. Albritton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002298 (7)**
1. Corporate Name
YARDNEY WATER MANAGEMENT SYSTEMS, INC.

Principal Place of Business: **6666 BOX SPRINGS BLVD. RIVERSIDE CA 92507**
Mailing Address: **6666 BOX SPRINGS BLVD. RIVERSIDE CA 92507**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
State: Apt. # etc.: **22**
City & State: **23**
24, 25, 29, 30

3. Date first reported or created: **05/04/1994**
3a. Date of last report
4. File Number: **33-0425578**
Approved Fee: **Not Applicable**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. Has corporation had authority for this report lawfully exercised? **Yes** **No**

9. Name and Address of Current Registered Agent
**PHILLIPS, KENNETH P
215 RIDGE MANOR DR.
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number, Not Applicable)
83.
84. City, **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation hereby files this report for the purpose of changing its registered office or registered agent 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 a resident of this State and I am a resident of the State of Florida.

SIGNATURE: _____

12. ADDRESSES CHANGED TO CORP. OFFICE AND OFFICE OF DIRECTOR	13. ADDRESSES CHANGED TO CORP. OFFICE AND OFFICE OF DIRECTOR
NAME: PD PHILLIPS, KENNETH P 6666 BOX SPRINGS BLVD. RIVERSIDE CA 92507	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: S LOVETT, BARBARA M 6666 BOX SPRINGS BLVD. RIVERSIDE CA 92507	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.05(1)(g), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 have the power to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 2, of this report, and that I am furnished with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 909 650-6716