

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # H20581 (5)

1. Corporation Name  
**DIAMOND PURE WATER, INC.**



Principal Place of Business: C/O ALAN B. FIELDS, JR. 413 ST. JOHNS AVENUE PALATKA FL 32177-4724  
Mailing Address: C/O ALAN B. FIELDS, JR. 413 ST. JOHNS AVENUE PALATKA FL 32177-4724

3. Date Incorporated or Qualified: 09/12/1984  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-2455852  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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 DIAMOND PURE WATER INC, RT 3 BOX 104A, EAST PALATKA FL 32131  
2a. Mailing Address: 26 DIAMOND PURE WATER INC, P.O. BOX 700, SAN MATEO, FL 32187  
25 PUTNAM, 29 32187, 30 PUTNAM

9. Name and Address of Current Registered Agent: FIELDS, ALAN B., JR. 413 ST. JOHNS AVENUE PALATKA FL 32077  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 84 City, 85 Zip Code: FL

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: [Signature] (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	DELETE <input type="checkbox"/>	11 TITLE: V	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: TOWER, GERALD RICHARD		12 NAME: TOWER, GERALD RICHARD	
STREET ADDRESS: RT. 3, BOX 104A		13 STREET ADDRESS: 793 RIDGELINE RD./P.O. BOX 700	
CITY-ST-ZIP: E. PALATKA FL		14 CITY-ST-ZIP: SAN MATEO, FL 32187	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: SD	DELETE <input type="checkbox"/>	21 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: BARTA, CYNTHIA MARIE		22 NAME:	
STREET ADDRESS: 1225 WALFORD ROAD		23 STREET ADDRESS:	
CITY-ST-ZIP: CEDAR RAPIDS IA		24 CITY-ST-ZIP:	
TITLE: PD	DELETE <input type="checkbox"/>	31 TITLE: PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: TOWER, LORIE W.		32 NAME: TOWER, LORIE W.	
STREET ADDRESS: RT. 3, BOX 104A		33 STREET ADDRESS: 793 RIDGELINE RD./P.O. BOX 700	
CITY-ST-ZIP: E. PALATKA FL		34 CITY-ST-ZIP: SAN MATEO, FL 32187	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE:	DELETE <input type="checkbox"/>	41 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-ST-ZIP:		44 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	51 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP:		54 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	61 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		64 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)(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: [Signature] LORIE W. TOWER 6/10/96 904-328-4531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)