

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P39718** (2)
1. Corporation Name
GEORGIA MOUNTAIN WATER, INC.



Principal Place of Business Mailing Address
P.O. BOX 1243 MARIETTA GA 30061

3. Date Incorporated or Qualified **07/21/1992** 3a. Date of Last Report **04/06/1995**
4. FEET Number **58-1526530** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

g. Name and Address of Current Registered Agent
**CURTIS, JEFF
702 ANCHORS ST
FT WALTON BEACH FL 32548**

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 their title (Name of Registered Agent required to be typed when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, JAMES M.	1.2 NAME
STREET ADDRESS	461 KELY DR.	1.3 STREET ADDRESS
CITY-ST-ZIP	MARIETTA GA	1.4 CITY-ST-ZIP
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, STEVEN W.	2.2 NAME
STREET ADDRESS	1343 HILLSIDE DR	2.3 STREET ADDRESS
CITY-ST-ZIP	DALLAS GA	2.4 CITY-ST-ZIP
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, THOMAS S.	3.2 NAME
STREET ADDRESS	RT 1 BOX 1314	3.3 STREET ADDRESS
CITY-ST-ZIP	BLUE RIDGE GA	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, MELANIE	4.2 NAME
STREET ADDRESS	461 KELLY DR.	4.3 STREET ADDRESS
CITY-ST-ZIP	MARIETTA GA	4.4 CITY-ST-ZIP
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, STEVEN W.	5.2 NAME
STREET ADDRESS	1343 HILLSIDE DR	5.3 STREET ADDRESS
CITY-ST-ZIP	DALLAS GA	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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

5-17-96 770-928-9972
Date Daytime Phone #

CR2E034 (12/95)