

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000032427 (3)

1. Corporation Name

PEOPLES WATER SERVICE COMPANY OF FLORIDA, INC.



Principal Place of Business

Mailing Address

905 LOWNDE AVENUE
PENSACOLA FL 32507

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PENSACOLA FL 32507

3. Date Incorporated or Qualified 04/24/1995	3a. Date of Last Report
4. FEI Number 52-1921584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Sub., Apt. #, etc.	26 409 WASHINGTON AVE.
22 City & State	27 SUITE 310
23 Zip	28 TOWSON, MD
24 Country	29 21204
25 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EMMANUEL, ROBERT A
30 SOUTH SPRING STREET
PENSACOLA FL 32501

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0107 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 607.0105, Florida Statutes.

SIGNATURE

Signature of Registered Agent (required for change of registered agent)

Signature of New Registered Agent (required for change of registered agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	D GILLET, SHERLOCK S	1.2 NAME	PRESIDENT
3. STREET ADDRESS	409 WASHINGTON AVENUE, SUITE 310	1.3 STREET ADDRESS	
4. CITY, ST, ZIP	TOWSON MD 21204-4971	1.4 CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	D GILLET, SHERLOCK S JR.	2.2 NAME	VICE PRESIDENT
7. STREET ADDRESS	409 WASHINGTON AVENUE, SUITE 310	2.3 STREET ADDRESS	
8. CITY, ST, ZIP	TOWSON MD 21204-4971	2.4 CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	D MATSON, GERALD H	3.2 NAME	SECRETARY - TREASURER
11. STREET ADDRESS	409 WASHINGTON AVENUE, SUITE 310	3.3 STREET ADDRESS	
12. CITY, ST, ZIP	TOWSON MD 21204-4971	3.4 CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY, ST, ZIP		4.4 CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, 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 supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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: *Gerald H. Matson* TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GERALD H. MATSON

1/24/96

410-825-3722

CR2E034 (12/95)