

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 # P95000066149 (2)

1. Corporation Name
WHITE WATER DISTRIBUTING INC.



Principal Place of Business: 6928 SONNY DALE DRIVE WEST MELBOURNE FL 32904
Mailing Address: 6928 SONNY DALE DRIVE WEST MELBOURNE FL 32904

3. Date Incorporated or Qualified: 08/25/1995
3a. Date of Last Report

2. Principal Place of Business: 21 6928 SONNY DALE DRIVE WEST MELBOURNE, FL 32904
2a. Mailing Address: 26 6928 SONNY DALE DRIVE WEST MELBOURNE, FL 32904
22 WEST MELBOURNE, FL
27 WEST MELBOURNE, FL
23
24 Zip 32904 Country USA
25 USA
28
29 Zip 32904 Country USA
30 USA

4. FEI Number: 59-3335465
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

9. Name and Address of Current Registered Agent: UNGERER, FRED, 6928 SONNY DALE DRIVE WEST MELBOURNE FL 32904
10. Name and Address of New Registered Agent: 81 Name: UNGERER, FRED
82 Street Address (P.O. Box Number is Not Acceptable): 6928 SONNY DALE DRIVE
83
84 City: WEST MELBOURNE FL 85 Zip Code: 32904

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 signature required when reinstating) DATE: 4-20-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1. 1 TITLE: PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: UNGERER, FRED		1.2 NAME:	
STREET ADDRESS: 337 MICHIGAN AVENUE		1.3 STREET ADDRESS:	
CITY-ST-ZIP: INDIALANTIC FL 32903		1.4 CITY-ST-ZIP:	
TITLE: D	<input checked="" type="checkbox"/> DELETE	2. 1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MURRAY, JOHN		2.2 NAME:	
STREET ADDRESS: 334 MICHIGAN AVENUE		2.3 STREET ADDRESS:	
CITY-ST-ZIP: INDIALANTIC FL 32903		2.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3. 1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4. 1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5. 1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		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] FRED K. UNGERER 4-20-96 407-768-0419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)