

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Oct 07 1998 8:00am  
 Secretary of State

0018947

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # S01133 (5)**  
 1. Corporation Name  
**DAVID'S WATER SYSTEMS, INC.**



|  |  |
|--|--|
| Principal Place of Business<br>650 GRANT RD<br>PALM BAY FL 32909<br>US | Mailing Address<br>650 GRANT RD<br>PALM BAY FL 32909<br>US |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip 24 Country 25 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip 29 Country 30 |
|---|--|

|  |                                |  |
|--|--------------------------------|--|
| 3. Date Incorporated or Qualified<br>09/18/1990  | 4. FEI Number<br>59-3040032    | Applied For<br><input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |  |

9. Name and Address of Current Registered Agent  
**JOHNSON, DAVID**  
**650 GRANT RD**  
**S.E. PALM BAY**  
**SE PALM BAY FL 32909**

10. Name and Address of New Registered Agent  
 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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | PVD<br>JOHNSON, DAVID<br>650 GRANT RD<br>SE PALM BAY FL  | <input type="checkbox"/> DELETE                       | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOHNSON, DAVID   |   | 1.2 NAME  |
| STREET ADDRESS             | 650 GRANT RD   |   | 1.3 STREET ADDRESS  |
| CITY-ST-ZIP                | SE PALM BAY FL   |   | 1.4 CITY-ST-ZIP   |
| TITLE                      | ST<br>JOHNSON, DAVID<br>650 GRANT RD<br>S.E. PALM BAY FL | <input type="checkbox"/> DELETE                       | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOHNSON, DAVID   |   | 2.2 NAME  |
| STREET ADDRESS             | 650 GRANT RD   |   | 2.3 STREET ADDRESS  |
| CITY-ST-ZIP                | S.E. PALM BAY FL   |   | 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE: *David S. Johnson* DAVID S. JOHNSON 9-28-98 407 728-1505

CR2E034 (5/98)