

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P25489** (6)

1. Corporation Name:
GREAT SPRING WATERS OF AMERICA, INC.



Principal Place of Business:
**777 WEST PUTNAM AVE.
GREENWICH CT 06830
US**

Mailing Address:
**C/O NESTLE HOLIDAYS INC
FIVE HIGH RIDGE PARK
STANFORD CT 06905-1326
US**

3. Date Incorporated or Qualified: **08/03/1989**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business:

2a. Mailing Address:

21. Suite, Apt. #, etc.:

26. Suite, Apt. #, etc.:

22. City & State:

27. City & State:

23. Zip: Country:

28. Zip: Country:

24. Country:

29. Country:

4. FEI Number: **94-3027237**
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. 199.03?, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent:
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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, and I am authorized to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:

(Signature type required when changing registered agent and the representative)

(NOTE: Registered Agent signature required when re-stating)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME: **DP**
12.2 NAME: **JEFFREY, KIM E**
12.3 STREET ADDRESS: **777 WEST PUTNAM AVE.**
12.4 CITY - ST - ZIP: **GREENWICH CT 06830**
12.5 TITLE: **VPST**
12.6 NAME: **CROARKIN, RICHARD J**
12.7 STREET ADDRESS: **777 WEST PUTNAM AVE.**
12.8 CITY - ST - ZIP: **GREENWICH CT**
12.9 TITLE: **SV**
12.10 NAME: **WALDECK, JAMES**
12.11 STREET ADDRESS: **777 WEST PUTNAM AVE.**
12.12 CITY - ST - ZIP: **GREENWICH CT 06830**
12.13 TITLE: **VS**
12.14 NAME: **EVAMS, MARK J**
12.15 STREET ADDRESS: **777 WEST PUTNAM AVE.**
12.16 CITY - ST - ZIP: **GREENWICH CT 06830**
12.17 TITLE: **ASAT**
12.18 NAME: **SPITZER, ALEX**
12.19 STREET ADDRESS: **777 WEST PUTNAM AVE.**
12.20 CITY - ST - ZIP: **GREENWICH CT 06830**
12.21 TITLE: **ASAT**
12.22 NAME: **JONES, E.S.**
12.23 STREET ADDRESS: **777 WEST PUTNAM AVE.**
12.24 CITY - ST - ZIP: **GREENWICH CT 06830**

13.1 TITLE: ☐ Change ☐ Addition
13.2 NAME: ☐ Change ☐ Addition
13.3 STREET ADDRESS: ☐ Change ☐ Addition
13.4 CITY - ST - ZIP: ☐ Change ☐ Addition
13.5 TITLE: ☐ Change ☐ Addition
13.6 NAME: ☐ Change ☐ Addition
13.7 STREET ADDRESS: ☐ Change ☐ Addition
13.8 CITY - ST - ZIP: ☐ Change ☐ Addition
13.9 TITLE: ☐ Change ☐ Addition
13.10 NAME: ☐ Change ☐ Addition
13.11 STREET ADDRESS: ☐ Change ☐ Addition
13.12 CITY - ST - ZIP: ☐ Change ☐ Addition
13.13 TITLE: ☐ Change ☐ Addition
13.14 NAME: ☐ Change ☐ Addition
13.15 STREET ADDRESS: ☐ Change ☐ Addition
13.16 CITY - ST - ZIP: ☐ Change ☐ Addition

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97

Date

Day(s) in Month

0001810

CR2E034 (9/96)