

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

FILED

Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 143061 (0)
1. Corporation Name
TANGERINE WATER COMPANY, INC

Principal Place of Business P O BOX 304 NO. SIDE HURON AVE TANGERINE FL 32777	Mailing Address P O BOX 304 NO. SIDE HURON AVE TANGERINE FL 32777-0304
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1944	3a. Date of Last Report 03/14/1996
21 Suite, Apt. #, etc.	26	27	28	4. FEI Number 59-1087494	Applied For Not Applicable
22 City & State	27	28	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25	29	30	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	

9. Name and Address of Current Registered Agent

MILES, JANE E.
6962 LAKE OLA DRIVE
P.O. BOX 398
TANGERINE FL 32777

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANTON, STEVE	1.2 NAME	
STREET ADDRESS	LAKE OLA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TANGERINE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, JANE	2.2 NAME	
STREET ADDRESS	6962 LAKE OLA DRIVE P.O. BOX 398	2.3 STREET ADDRESS	
CITY-ST-ZIP	TANGERINE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, PHILLIP	3.2 NAME	
STREET ADDRESS	HURON STR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TANGERINE FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDINELL, ROBERT	4.2 NAME	
STREET ADDRESS	PALM LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TANGERINE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLENBERGER, DENNIS	5.2 NAME	
STREET ADDRESS	LAKE OLA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TANGERINE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DAVID	6.2 NAME	
STREET ADDRESS	LAKE OLA DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TANGERINE FL	6.4 CITY-ST-ZIP	

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: *Steve Wilen* REQUIRED

5/28/97 (252) 393-9739

CR2E034 (9/96)