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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90028 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 520537
 1. Corporation Name
WATERS ELECTRIC, INC.

Principal Place of Business RT 1 BOX 464 CALLAWAY VA 24067	Mailing Address 397 WILLOW CREEK RD. ROCKYMOUNT VA 24151 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 6387 NWCR152	Suite, Apt. #, etc. 27 6387 NWCR152
City & State 23 Jennings FL	City & State 28 Jennings FL
Zip 24 32053	Country 25 Hamilton
Zip 29 32053	Country 30 Hamilton

3. Date Incorporated or Qualified 01/01/1977	
4. FEI Number 59-1734464	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WATERS, WASHINGTON P.
RT 1 BOX 097 A
JENNINGS FL 32053

10. Name and Address of New Registered Agent

81 Name WATERS W.P.	
82 Street Address (P.O. Box Number is Not Acceptable) 6387 NWCR152	
83	
84 City Jennings	85 Zip Code FL 32053

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

TITLE	PS	<input type="checkbox"/> DELETE
NAME	WATERS, W. P.	
STREET ADDRESS	397 WILLOW CREEK RD.	
CITY-ST-ZIP	ROCKY MOUNT VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WATERS, JEANETTE	
STREET ADDRESS	397 WILLOW CREEK ROAD	
CITY-ST-ZIP	ROCKY MOUNT VA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WATERS, PAUL E.	
STREET ADDRESS	RT 1. BOX 464	
CITY-ST-ZIP	CALLAWAY VA	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	WATERS, W.P.	
STREET ADDRESS	397 WILLOW CREEK ROAD	
CITY-ST-ZIP	ROCKY MOUNT VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WATERS, W.P.	Address
1.3 STREET ADDRESS	6387 N.W. CR 152	
1.4 CITY-ST-ZIP	JENNINGS, FL. 32053	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WATERS, JEANETTE	Address
2.3 STREET ADDRESS	6387 N.W. CR 152	
2.4 CITY-ST-ZIP	JENNINGS, FL 32053	
3.1 TITLE	D.V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WATERS, PAUL E.	Address
3.3 STREET ADDRESS	1769 FIVE MILE MOUNTAIN ROAD	
3.4 CITY-ST-ZIP	CALLAWAY VA. 24067	
4.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WATERS, W.P.	Address
4.3 STREET ADDRESS	6387 NWCR 152	
4.4 CITY-ST-ZIP	JENNINGS, FL. 32053	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address, with all other like empowered.

SIGNATURE: W. P. Waters Pres. W.P. WATERS 3/10/99 904-938-2281
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)