FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED

DOCUMENT # F44009 (1)

1. Corporation Name
POLARIS DRINKING WATER, INC.

Principal Place of Business	Mailing Address
~~2850 KIRBY AVENUE NE~~	~~2850 KIRBY AVENUE NE~~
~~PALM BAY FL 32905~~	~~PALM BAY FL 32905~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2228189 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6953 Sonny Dale Dr.	26 6953 Sonny Dale Dr.
22 Suite, Apt. #, etc. Unit E	27 Suite, Apt. #, etc. Unit E
23 City & State Melbourne, FL	28 City & State Melbourne, FL
24 Zip 32904 25 Country Brevard	29 Zip 32990 30 Country Brevard

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 ☐ No

9. Name and Address of Current Registered Agent

NASH, CHARLES IAN, ESQ
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☐ Change ☐ Addition
NAME	ASTONE, ANTHONY	1.2 NAME	Astone, Anthony
STREET ADDRESS	2850 KIRBY AVENUE NE	1.3 STREET ADDRESS	6953 Sonny Dale Dr. Unit E
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	Melbourne, FL 32904
TITLE	DV	2.1 TITLE	DV ☐ Change ☐ Addition
NAME	MAZZA, CHARLES	2.2 NAME	Mazza, Charles
STREET ADDRESS	2850 KIRBY AVENUE NE	2.3 STREET ADDRESS	6953 Sonny Dale Dr. Unit E
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	Melbourne, FL 32904
TITLE	ST	3.1 TITLE	ST ☐ Change ☐ Addition
NAME	ASTONE, DOROTHI	3.2 NAME	Astone, Dorothi
STREET ADDRESS	2850 KIRBY AVENUE NE	3.3 STREET ADDRESS	6953 Sonny Dale Dr. Unit E
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	Melbourne, FL 32904
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 110.07(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: Anthony Astone 6-14-95 407-724-1455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Anthony Astone, Pres.

0067602 CP