FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name F47848

(9)

I & A WATER SYSTEMS INC.

Lux	WAILE STOTEMS, INC.				,				4 8 18 18 18 18 18
Principal Place	of Business	Mailing Address	Mailing Address					HAN DIGH DIGH	(EUEIL BIBII (BB)
C/O EVELYN M. TULLIS 2708 SOUTH BRYAN ROAD BRANDON FL 33511-7506		2708 SOUTH BRYAN RO	C/O EVELYN M. TULLIS 2709 SOUTH BRYAN ROAD BRANDON FL 33511-7506						
US		US				 Date Incorporated or Qualified 10/07/1981 	_	ate of Last F 04/21/19	•
	ace of Business	2a. Mailing Address				4. FEI Number		V-1/2 1/ 10	Applied For
21		26				59-2131396			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	7			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
· · · · · · · · · · · · · · · · · · ·		City & State	28			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ζιρ 24	Country 25		Countr 30	y		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
			81	Nar	ne				
TULLIS, EVELYN M 2708 SOUTH BRYAN ROAD			82	Stre	et Address	ss (P.O. Box Number is Not Acceptable)			
	ON FL 33511		83						
5,4,1,5			84						· · · <u>· · · · · · · · · · · · · · · · </u>
],			F		ip 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									
12.	Signature, typed or printed name of registered age	int and the if applicable (NOTE ND DIRECTORS	Registered Age	nt signati	re required w		DATE	ID DIDEOX	250 11.10
TITLE	V	DELETE	1. 1 TITLE		1	ADDITIONS/CHANGES TO OF	-ICERS AN	ND DIRECTO	ORS IN 12 Addition
NAME	THE LOCAL PROPERTY OF		1.2 NAME					Onenge	[] Addition
STREFT ADDRESS	2708 SO BRYAN RD		1.3 STREET ADDRESS		is l				
CITY - S1 - ZIP			1.4 CITY-	1.4 CITY - ST- ZIP					
TITLE	PT	DELETE	2. 1 TITLE					Change	Addition
NAME	TULLIS, EVELYN M		2.2 NAME						
STREET ADDRESS	2708 SO BRYAN RD		2 3 STREET ADDRESS		is				
CITY-ST-ZIP TITLE	BRANDON, FL 33511 V			2.4 CiTY-S1-ZiP					
NAME		☐ DELETE	3. 1 TITLE					Change	☐ Addition
STREET ADDRESS	GLOVER, AVERY O. JR. 2708 SO BRYAN RD		3.2 NAME 3.3 STREET ADDRESS						
CITY-ST-7IP	BRANDON FL				»s				
TITLE	D	DELETE	3.4 CITY - 1 4. 1 711 LE	ol-ZIP				☐ Change	Addition
NAME	MOORE, MARSHA L.		4.2 NAME					change	Addition
STREET ADDRESS	2708 S. BRYAN RD.		43 STREET	ADDRES	s				
CITY-ST-ZIP	BRANDON FL		4.4 CHY-S						
THILE		☐ DELETE	5 1 TITLE					☐ Change	Addition
NAME			5 2 NAME						_
STREET ADDRESS			5.3 STREET	ADDRES	s				
CrTY~ST-ZiP			5.4 CITY - S	T-ZIP					
THTLE		☐ DELETE	6. 1 TITLE					☐ Change	Addition
NAME			6.2 NAME		}				
STREET ADDRESS	S 6.3		6.3 STREET	6.3 STREET ADDRESS					
CITY-ST-ZIP 64 CIT 14. If do hereby certify that the information supplied with this filing is voluntarily furnished and described the description of the state of			6.4 CITY - S	T-ZIP					
14. I do hereby	certify that the information supplied	with this filing is voluntarily furnish	ed and doe	s not q	ualify for th	he exemption stated in Section 119	.07(3)(k), F	lorida Statut	es. 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 eath; 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 changer, or on an attachment with an address.

SIGNATURE: