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Apr 28 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 # F55978 (3)

1. Corporation Name  
NORTH FLORIDA WATER CONDITIONING, INC.



Principal Place of Business Mailing Address  
171 EAST END ROAD, PO BOX 69 PO BOX 69  
P.O. BOX 1889 P.O. BOX 1889  
SAN MATEO FL 32187 SAN MATEO FL 32187-0069  
US US

3. Date Incorporated or Qualified 11/24/1981  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 171 East End Road 26 PO Box 69  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27  
City & State City & State

23 SAN MATEO FL 28 SAN MATEO FL  
Zip Country Zip Country

24 32187 25 Country 29 32187 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULL, JAMES E JR  
PO BOX 67 EAST END ROAD  
SAN MATEO FL 32187

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 (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	PS	1.1 TITLE	
NAME	MULL, ELIZABETH S	1.2 NAME	
STREET ADDRESS	P.O. BOX 67, EAST END RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	MULL, JAMES E JR	2.2 NAME	
STREET ADDRESS	P.O. BOX 67, EAST END RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO, FL 00000	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: Elizabeth S. Mull Elizabeth S. Mull 4/22/97 (904) 312-0222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)