


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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90059 030 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94831**  
 1. Corporation Name  
**INDIAN SPRINGS WATER COMPANY, INC.**

Principal Place of Business 5900 S TAMAMI TRL UNIT G SARASOTA FL 34231	Mailing Address 5900 S TAMAMI TRL UNIT G SARASOTA FL 34231
4600 ASHTON ROAD	4600 ASHTON RD.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/17/1982	4. FEI Number 59-2259351	Applied For Not Applicable
Suite, Apt. #, etc. 22 SARASOTA, FL.	Suite, Apt. #, etc. 27 SARASOTA, FL.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23 34233 SARASOTA	City & State 28 34233 SARASOTA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	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  COOK, JOHN F., ESQ. 330 S ORANGE AVE SARASOTA FL 34236	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
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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 D <input type="checkbox"/> DELETE	NAME COOK, ROGER W	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4119 WYATT CIRCLE	CITY-ST-ZIP SARASOTA FL	1.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME COOK, IRMA A	1.3 STREET ADDRESS	
STREET ADDRESS 4119 WYATT CIRCLE	CITY-ST-ZIP SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE VP <input type="checkbox"/> DELETE	NAME COOK, KAREN L	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4119 WYATT CIRCLE	CITY-ST-ZIP SARASOTA FL 34241	2.2 NAME	
TITLE V <input type="checkbox"/> DELETE	NAME COOK, KEVIN P	2.3 STREET ADDRESS	
STREET ADDRESS 4119 WYATT CIRCLE	CITY-ST-ZIP SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE P <input type="checkbox"/> DELETE	NAME COOK, JOHN F	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 330 S ORANGE AVE	CITY-ST-ZIP SARASOTA FL 34236	3.2 NAME	
TITLE <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		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: [Signature] 1/31/99 941-921-2595  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)