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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G00727

(9)

KINCAID HILLS WATER COMPANY

FILED
May 16 1997 8:00am
Secretary of State



Principal Place of Business 3180 SE 19TH AVE P.O.BOX 579 GAINESVILLE FL 32641		Mailing Addres	5			- I reason was about band space stats sade átan dian aise dian bras ands ands ands about 1886		
		P O BOX 579 P.O.BOX 579 GAINESVILEL F						
US	, 2 4.4	US				3. Date Incorporated or Qualified 09/15/1982	3a. Date of L 05/01/19	,
2. Principal F 21	Place of Business	2a. Mailing Add 26	ress			4. FEI Number 59-2221952		Applied For Not Applicable
Suite, Apt.	. #, etc	Suite, Apt. #	, etc.			5. Certificate of Status Desired		75 Additional se Required
City & Stat	te T	City & State				Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees
Zιρ	Country	Zip	ļq	ountry	,	8. This corporation has liability for i		der s. 199.032,
24	25	29	30				Yes No	
	9, Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Re	gistered Agent	
	OWLES, BERDELL			ופ	ivame			
	XO S.E. 47 TERR. INESVILLE FL 32601			62	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
		.*		63				
				64	City		Pm. 3 85	Zip Code
				<u> </u>	<u> </u>		FL °°	
office or i	to the provisions of Sections 607.05 registered agent, or both, in the Stat	te of Florida. Such chai	ioa Statutes, the nge was authoriz	ed by	e-named cor; y the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of chang of the appointme	nt as registered
agent. La	am familiar with, and accept the obli	gations of, Section 607	'.0505, Florida St	atute	8.			_
SIGNATURE	Signature typed or printed name of registered a	gent and tale. Lapscicable	(NOTE Registe	red Aou	ent slanature requ	ired when reinstating)	DATE	
12,		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	P		·····	TITLE			☐ Ch	
NAME	KNOWLES, BERDELL		1.2	NAME				
STREET ADDRESS	1700 S.E. 47 TERR		1.3	STREET	ADDRESS			
CHY-\$I-ZP	GAINESVILLE FL		1.4	CITY-S	ST-ZIP			
TILE	T			TITLE			Ch	ange 🔲 Addition
NAME	KNOWLES, MARILYN		22	NAME				
STREET ADDRESS	1700 SE 47 TERR		2.3	STREET	ADORESS			
Criv-SI-7-P	GAINESVILLE FL		2.4	CITY-	ST-ZIP			
TOFILE	V		ELETE 31	TITLE			☐ Ch	ange 🔲 Addition
NAME	KNOWLES, BERDELL JR		3.2	NAME	1			
STREET ADORESS	1700 SE 47 TERR		33	STREET	ADDRESS			
CHY S1 7:P	GAINESVILLE FL		34	спу-	ST-ZIP			
TILE	S		ELETE 4.1	TITLE			☐ Ch	ange 🔲 Addition
NAMI	KNOWLES, DENELLE		4.2	NAME				
STREET ADDRESS	1700 SE 47 TERR		4.3	STREET	ADORESS			
CHY-SI-74P	GAINESVILLE FL			CITY-S	ST-ZIP			
1111			ELETE 5.1	TITLE			Ch	ange Addition
NAME			5.2	NAME			1/5	11/10
STREET ADDRESS			5.3	STREET	ADDRESS		THOU	110175
011y-51-72				CITY - S	ST-ZIP		1117	1000
TILE			ELETE 6.1	TITLE		المارا الماران والماران	II Gh	ange Addition
NAME			6.2	NAME		50000219 -05/30/970100	(ンり) 17000	
STREET ADORESS			6.3	STREET	ADDRESS	~US/3U/3(~~UIU) ***100 00	J **** U.5.5	
CITY-S1-7F			6.4	CITY-5	ST-ZIP	***165.00		

14. Ido heroby 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

STATE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/30/97 (552) 373-0729