


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

FILED  
May 06 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G00727 (9)</b> 1. Corporation Name <b>KINCAID HILLS WATER COMPANY</b>					
Principal Place of Business <b>3180 SE 19TH AVE P.O. BOX 579 GAINESVILLE FL 32641 US</b>			Mailing Address <b>P O BOX 579 P.O. BOX 579 GAINESVILLE F 32602 US</b>		
2. Principal Place of Business <b>21 3260 SE 19 Ave</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/15/1982</b>	
22 City & State <b>23 Gainesville, FL</b> Zip Country <b>24 32641 25 US</b>		27 City & State <b>28</b> Zip Country <b>29 30</b>		4. FEI Number <b>59-2221952</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>KNOWLES, BERDELL 1700 S.E. 47 TERR. GAINESVILLE FL 32601</b>			10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>		
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 <i>Bruce Knowles, President</i> <b>4/25/98</b> <small>Signature typed or printed of name of registered agent and title, if applicable. (NOT) Registered Agent signature required when reinstating.</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KNOWLES, BERDELL</b>		1.2 NAME		
STREET ADDRESS	<b>1700 S.E. 47 TERR</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>GAINESVILLE FL</b>		1.4 CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KNOWLES, MARILYN</b>		2.2 NAME		
STREET ADDRESS	<b>1700 SE 47 TERR</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>GAINESVILLE FL</b>		2.4 CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KNOWLES, BERDELL JR</b>		3.2 NAME		
STREET ADDRESS	<b>1700 SE 47 TERR</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>GAINESVILLE FL</b>		3.4 CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KNOWLES, DENELLE</b>		4.2 NAME		
STREET ADDRESS	<b>1700 SE 47 TERR</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>GAINESVILLE FL</b>		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: *Bruce Knowles, President*

**4/25/98 352/373-0729**

CR2E034 (10/97)