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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Corporation     RESID	DENTIAL WATER SYSTEMS,	INC.					ÀIAII IEA
Principal Place	of Business	Mailing Address					
Principal Place of Business  3041 NE JACKSONVILLE ROAD  UNIT 8  OCALA FL 34479-3332  US  Mailing Address  3041 NE JACKSONVILLE RD.  UNIT 8  OCALA FL 34479-3332  US			E RD.	Date Incorporated or Qualified			
		00		10/06/1983		11/1995	
173	ace of Business 2 NE 25 AVE	2a. Mailing Address 26 PO BOX	5220	4. FEI Number 59-2393057	<del></del>	Applie	ed For pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>X</b>	8.75 Add	
City & State	ALA, FL	City & State	<u> </u>	6. Election Campaign Financing	<del>-</del>	Fee Requi	
210 210	Country	Zip Zip	PU	Trust Fund Contribution		Added to F	
344	70 25 US  9. Name and Address of Current	29 34478	Country 30 US		i □No		032,
· - · · · · · · · · · · · · · · · · · ·	g. Hame and Address of Current	negistered Agent	81 Name	10. Name and Address of New F	Registered Age	ent	
740 RIC	, elaine Ogewood way R springs fl 32708		82 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
WHITE	1 SEMINOS FE 32700		<b>84</b> City		<b></b>	35 Zip Cod	le
11. Pursuant t	o the provisions of Sections 607.0502	and 607 1509. Florida Cant dos	Also also as a second second		FL	no ite regiete	rad office
Or registeri	ed agent, or both, in the State of Florida th, and accept the obligations of, Section	a. Such Change was authorized	the above-named corpor d by the corporation's boar	ration submits this statement for the pui ird of directors. I hereby accept the app	rpose of changi pointment as reg	istered agen	t. I am
familiar wit	th, and accept the obligations of, Section	on 607.0505, Florida Statutes.	d by the corporation's boai	rd of directors. I hereby accept the app	ointment as reg	istered agen	t. I am
familiar wit	th, and accept the obligations of, Section Synature, typed or printed name of registered agent a	on 607.0505, Florida Statutes.	Dy the corporation's boar	ro of directors. I hereby accept the app ad when reinstating)	DATE	jistered agen	t. I am
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familiar wit SIGNATURE _ 12.	Synature, typed or printed name of registered agent a  OFFICERS AND  P  FINNEY, ELAINE	a. Such change was authorized on 607.0505, Florida Statutes.  Ind tille if applicable.  INOTE	Bigistered Agent signature require	ro of directors. I hereby accept the app ad when reinstating)	DATE  ICERS AND DIF	istered agen	t. I am
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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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR

The signature shall have the same legal effect as if made under oath; that I am an officer on 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.

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