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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H93673** (2)

1. Corporation Name

**WATER EQUIPMENT SERVICES, INC.**



Principal Place of Business

Mailing Address

~~% EARL W. MORELAND, JR. Please delete~~  
6389 TOWER LANE  
SARASOTA FL 34240  
US

% EARL W. MORELAND, JR.  
1631 JEWEL DRIVE  
SARASOTA FL 34240

2. Principal Place of Business

2a. Mailing Address

21 6389 TOWER LANE  
State, Apt. #, etc.

26 1631 JEWEL DRIVE  
State, Apt. #, etc.

22 City & State

23 SARASOTA, FL

24 Zip 34240 25 Country US

26 City & State

27 SARASOTA, FL

28 Zip 34240 29 Country US

9. Name and Address of Current Registered Agent

DELOACH, ANTHONY  
1631 JEWEL DRIVE  
SARASOTA FL 34240

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)

Signature, typed or printed name of registered agent and title (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME DELOACH, ANTHONY  
STREET ADDRESS 1631 JEWEL DR  
CITY-STATE-ZIP SARASOTA FL

TITLE D  
NAME DELOACH, LAURIE JO  
STREET ADDRESS 1631 JEWEL DR  
CITY-STATE-ZIP SARASOTA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

CFO  
ROGER N SWANGER  
4205 NW 23RD TER  
GAINESVILLE FL 32605

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

*Roger N. Swanger* (Roger N. Swanger) February 29, 1996

941-371-7617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone Number

CR2E034 (12/95)