CORP ANNUA	ROFIT ORATION AL REPORT 996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCUMENT # J01983 (2)								
	BOTTLED WATER SERV	CE, INC.					1181)	
Principal Place	Mailing Address	aiting Address				5 7811 51811 61817 61831 61811 51811 1881		
333 FAULKENBURG RD D-408		P O BOX 746 Brandon FL 33509						
TAMPA FL 33609 US		US				 Date Incorporated or Qualified 03/03/1986 	3a. Date of Last Report 05/31/1995	
2. Principal Pla	ce of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For	
Suite, Apt. #, etc. City & State		26 Suite, Apt #, etc 27 City & State 28				59-2650720 Not Ap		
						5. Certificate of Status Desired	\$8.75 Additional Fee Required	
						6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees		
Z ip	Country	Z ₁ p	Cour	ntry		8. This corporation has liability for it		
24	25 9. Name and Address of Curre		1301			10. Name and Address of New Reg	gistered Agent	
				B1	Name			
MCCABE, MICHAEL				82	Street Add	dress (P.O. Box Number is Not Acceptable	le)	
1645 ST MARY DR				-	000000			
DUNEDIN FL 34698								
			1	B4	City		FL 85 Zip Code	
	o the provisions of Sections 607.05 gistered agent, or both, in the State n familiar with, and accept the oblig					poration submits this statement for the pution's board of directors. I hereby accept	urpose of changing its registered the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered as	ont and title if applicable (NC	DTE. Hagistered	a Age	ent signature req	Fried when reinstating)	DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE	V	DELETE	1.1 Ti	TLE		P/5/T	A	
NAME	MCCABE, MICHAEL S.		1.2 N/			MCCABE MICHAEL		
STREET ADDRESS	1645 ST. MARY DR.		1351	TREET	ADDRESS	712 WOODHAVEN	LN	
CITY - ST - 2IP	DUNEDIN FL				ST-ZIP	MAPIES FL 33	Change Addit	
TITLE		DELETE	2111			Y	Ordings [] Noon	
NAME	MORRISON, BILL		22 N			17/2 WOODHAVEN 2	• /	
STREET ADDRESS	8204 FOREST CIRCLE		235	TREE	r address	112 NOODITAVENT	~~ <u>~</u>	

12.	Ignature, typed or printed name of registered agent and OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	V	DELETE	1.1 TITLE	P/S/T Change Additi
NAME	MCCABE, MICHAEL S.		1.2 NAME	MCCABE MICHAEL S.
STREET ADDRESS	1645 ST. MARY DR.		13 STREET ADDRESS	712 WOODHAVEN LN
CITY-ST-2IP	DUNEDIN FL		1.4 CITY - ST - ZIP	NAPIES FL 33963
TITLE	V	DELETE	2 1 TITLE	Change Acous
NAME	MORRISON, BILL	, ,	2 2 NAME	LAURA MERABL
STREET ADDRESS	8204 FOREST CIRCLE		2 3 STREET ADDRESS	7/2 WOODHAVEN LN
CITY - ST - ZIP	SEMINOLE FL		2 4 CITY - ST - ZIP	NAPIGS FL. 33563
TITLE	OCHIMITOCE I E	DELETE	3 1 TITLE	Cnange Add:t
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADORESS	
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP	
TITLE		DELETE	4.1 TITLE	Change Addit
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
•			4.4 CHY - ST - ZIP	
CITY - ST - ZIP		DELETE	5 1 TITLE	Charge Add
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
-	•		5 4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	6 1 TITLE	Change Add
NAME			6.2 NAME	
			6 3 STREET ADDRESS	
STREET ADDRESS City-S1-ZiP			64 CHTY - ST - ZIP	

S1-ZIP

1 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 turther 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 12 or Block 13 is changed, or on advalagement with an address.

CS 3

CS 3

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: