

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

FILED  
Jun 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J12934** (2)  
1. Corporation Name  
**FLORIDA BOTTLED WATER COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1920 SW 37 AVE. OCALA FL 34474 US</b>	Mailing Address <b>1920 SW 37 AVE. OCALA FL 34474 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/06/1986</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2702552</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MCCOY, G. RANDALL 1920 SW 37 AVE. OCALA FL 34474</b>				10. Name and Address of New Registered Agent			
				81 Name	<b>The Prentice Hall Corporation System, Inc.</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>1201 Hays Street</b>		
				83	<b>05/23/98-01021-049</b>		
				84 City	<b>Tallahassee</b>	85 Zip Code	<b>32301</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 *Deborah D. Skipper* **Deborah D. Skipper, as agent** **6-5-98**  
Signature, typed or printed name of registered agent and filed applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Director/Chairman</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WEEKES, SHARON M.</b>	1.2 NAME	<b>Douglas A. Pertz</b>
STREET ADDRESS	<b>4149 ST ANDREWS DR.</b>	1.3 STREET ADDRESS	<b>One Culligan Parkway</b>
CITY-ST-ZIP	<b>BOYNTON BCH. FL</b>	1.4 CITY-ST-ZIP	<b>Northbrook, IL 60062</b>
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Director/VP, Finance/CFO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCCOY, G. RANDALL</b>	2.2 NAME	<b>Michael E. Salvati</b>
STREET ADDRESS	<b>1920 S.W. 37TH AVE.</b>	2.3 STREET ADDRESS	<b>One Culligan Parkway</b>
CITY-ST-ZIP	<b>OCALA FL</b>	2.4 CITY-ST-ZIP	<b>Northbrook, IL 60062</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>Director/VP/S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Edward A. Christensen</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>One Culligan Parkway</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Northbrook, IL 60062</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Mike Crowell</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1401 Sligh Boulevard</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Orlando, FL 32856</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Thomas E. Pavlick</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>One Culligan Parkway</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Northbrook, IL 60062</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>VP/Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Donald A. Fuller</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>One Culligan Parkway</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Northbrook, IL 60062</b>

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.

CR2E034 (10/97)