

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:28

DOCUMENT # J58702 (8)

1. Corporation Name
PURWATER SYSTEMS OF PALM CITY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**3239 SW MAPP RD
PALM CITY FL 34980
US** **3239 SW MAPP RD
PALM CITY FL 34980
US**

3. Date Incorporated or Qualified: **02/20/1987** 3a. Date of Last Report: **02/22/1994**

2. Principal Place of Business 2a. Mailing Address
21. **SAME** 26. **SAME**

4. FEI Number: **65-0016484** Applied For: Not Applicable

22. Suite, Apt #, etc. 27. Suite, Apt #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State 28. City & State

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip Country 25. Country 29. Zip Country 30. Country

8. This corporation has liability for intangible tax under S. 190.012 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BROWNING, DONNIE R.
1313 S.W. NAOMI STREET
PALM CITY FL**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1568, 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 the filer/submitter) _____ (Registered Agent signature required when resigning) (all)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------|
| TITLE | P |
| NAME | BROWNING, DONNIE R. |
| STREET ADDRESS | 1313 SW NAOMI STREET |
| CITY - ST - ZIP | PALM CITY FL |
| TITLE | VP |
| NAME | APAP, MICHAEL |
| STREET ADDRESS | 3180 BOATRAMP RD |
| CITY - ST - ZIP | PALM CITY FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY - ST - ZIP | |
| 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY - ST - ZIP | |
| 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | |
| 33. STREET ADDRESS | |
| 34. CITY - ST - ZIP | |
| 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | |
| 43. STREET ADDRESS | |
| 44. CITY - ST - ZIP | |
| 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY - ST - ZIP | |
| 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. CITY - ST - ZIP | |

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)(a), 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: Don Browning, Jr. SST Morham 6-17-95 409.286.2412
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Telephone Number)