PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPAR Sandra B Sccretar	FLORIDA DEPARTMENT OF STATE Sandra B. Morthan Secretary of State DIVISION OF CORPORATIONS					
DOCUM	IENT # K2889							
1. Corporation 1	_{Vanne} Y WATER SYSTEMS, INC	` '						
AGUALII	T WATER STSTEMS, INC) ,						
Principal Place o	of Business	Mailing Address		······································		HT 0101 010;		I DINA 1881
3010 W. BEAVE	R STREET	3010 W. BEAVER STREET	•					
JACKSONVILLE	FL 32254	JACKSONVILLE FL 32254			3. Date Incorporated or Qualified		e of Last Rep	port
		2a. Maling Address			07/14/1988 4. FEI Number		·	pplied for
2. Principal Plac	be of Business	26. Maling Address			59-2902283			ot Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired			Additional equired
Orty & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution			May Be to Fees
Z _I D	Country	28]			8. This corporation has liability for			
٦ <u> </u>	25	29	30		Florida Statutes Yes 10. Name and Address of New I	No No	l Agent	
	9. Name and Address of Curr	ent Registered Agent	8	B1 Name	TO. Name and Address of New I	negrateret	- Agein	
3010 W. E	ANCIS GERALD BEAVER ST.		8	Street Add	dress (P.O. Box Number is Not Acceptal	ble)		
JACKSUN	MILLE FL 32205		8	34 City		FI	85 Zip	Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above	e named corp	oration submits this statement for the pular of directors. Thereby accept the app	roose of c	banging its re	gistered offic agent I am
	h, and accept the obligations of, Se	action 607.0505, Florida Statutes.	,5,5,7,1,000		oration submits this statement for the po and of directors. Thereby accept the app			
SIGNATURE:	Signature, types for printed than exot required out as			gent saplature requ	red when revisible y! ADDITIONS/CHANGES TO OF	DATE FICERS AN	ID DIBECTO	- BS IN 12
12.	OFFICERS A	AND DIRECTORS	13.	[e	ADDITIONS OF ANGLES TO OT		☐ Change	Addition
TITLE NAME	KYLE, FRANCIS G.		1.2 NAN	.1÷				
STREET ADDRESS	3010 W. BEAVER STREET		1 3 S1R	EET ADDRESS				
CITY-ST ZIP	JACKSONVILLE FL 32254	C) DOING		v - ST - ZiP			☐ Change	Addition
TITLE		DEFE IE	2 1 TU 2 2 NAM					
NAME STREET ADDRESS				REET ADDRESS				
CITY - ST- ZIP				Y-ST ZP				
TITLE		☐ DELETE	3 1 TIT	LE			☐ Change	Add-tion
NAME			3.2 NAI					
STREET ADDRESS				REFT ADDRESS				
CITY - ST - ZIP	DELETE		4 1 L	1 - ST - ZIP TLF			Change	☐ Addition
TITLE NAME		<u> </u>	4.2 NA					
STREET ADDRESS			4 3 ST	REFT ACIONESS				
CITY - ST - ZIP				Y - \$1 - ZIP			Change	Addition
TITLE		C DELETE	5 1 TH				□ Auguge	L. Addition
NAME			52 NA 53 ST	REET ADDRESS				
STREET ADDRESS				IY SY-ZIP				
CITY-ST-ZIP		DELETE	6 1 TI				Change	Add tion
TITLE								

SIGNATURE:

CITY-ST-ZIP

14. Too 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 amount report or supplemental arricular 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an aridress.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-96 904-388-7184