

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
CORPORATIONS

95 MAR 29 PM 1:37

DOCUMENT # **K61852 (5)**
1. Corporation Name
WATERS ASSOCIATES, INC.

Principal Place of Business Mailing Address
**478 BALLARD DR
SUITE 22
MELBOURNE FL 32935** **478 BALLARD DR
SUITE 22
MELBOURNE FL 32935**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/30/1989** 3a. Date of Last Report: **02/15/1994**
4. FEI Number: **59-2929242** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2720 CHAPPARAL DR** 26 **2720 CHAPPARAL DR**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
23 **MELBOURNE, FL** 28 **MELBOURNE, FL**
City & State City & State
24 **32934** 29 **32934** 30
Zip Country Zip Country

9. Name and Address of Current Registered Agent
**WATERS, CURTIS F.
2720 CHAPPARAL DR
MELBOURNE FL 32934**

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 607.1508, 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 of person named as registered agent and the corporation) (Signature of Registered Agent, signature required when appointing)

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	WATERS, CURTIS F.
STREET ADDRESS	2720 CHAPPARAL DR
CITY, ST, ZIP	MELBOURNE FL 32934
TITLE	V
NAME	WATERS, CHERYL L.
STREET ADDRESS	2720 CHAPPARAL DR
CITY, ST, ZIP	MELBOURNE FL 32934
TITLE	C
NAME	WATERS, CURTIS F.
STREET ADDRESS	2720 CHAPPARAL DR
CITY, ST, ZIP	MELBOURNE FL 32934
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(1)(b), Florida Statutes. I further certify that the information included 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 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE: _____ **CURTIS F. WATERS** 24 MARCH 1995 (407) 255-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date (Telephone Number)