COR ANNL	E NOW: FILING FEE PROFIT RPORATION UAL REPORT 1996	FLORIDA DEP. Sandra Secre	IS \$225.00 PARTMENT OF STATE ra B. Mortham etary of State DF CORPORATIONS	
1. Corporation	MENT # K8636 NAME NITY WATER SUPPLY, INC.	63 (4)		
1491-C CL	e of Business B. PULSIFER LARK DRIVE SSEE FL 32303	Mailing Address <b>% DAVID B. PULSIF</b> 1491-C CLARK DRIV TALLAHASSEE FL 3	IVE	3. Date Incorporated or Qualified 05/08/1989 07/03/1995
2. Principal Pla 21	Place of Business	2a. Mailing Address 26		4.         FEI Number         Applied For           59-2953770         Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Status Desired Fee Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No
1491-0	9. Name and Address of Current IFER, DAVID B. C CLARK DRIVE	Registered Agent		10. Name and Address of New Registered Agent dress (P.O. Box Number is Not Acceptable)
<b>11.</b> Pursuant to or registere familiar wit	to the provisions of Sections 607.0502 red agent, or both, in the State of Florid ith, and accept the obligations of, Sectio	ta. Suco coance was attnonz	1760 by the comoration's boar	FL         85         Zip Code           oration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE _	Signature typed or printed name of registered agent a OFFICERS AND		IOTE: Registered Agent signature required	
T2. TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AND PD PULSIFER, DAVID B. 1491-C CLARK DRIVE TALLAHASSEE FL		13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADORESS CITY - ST - ZIP	STD DOLL, DANIEL W. 1491-C CLARK DRIVE TALLAHASSEE FL	DELETE	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	Change 🗌 Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		[]] DELETE	3 1 TITLE 32 NAME 3.3. STREFT ADDRESS 3.4 CHTY - S1 - ZIP	Change C Addition
TITLE NAME STREET ADDRESS CHTY-ST-ZIP		DELETE	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	Change Addition
THLE NAME STREET ADDRESS CITY - ST - ZIP		DELEYE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	sectify that the information supplied a	DELETE	6 1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
oath; that I	UP to the ormation indicated on this annual Lan an official or dispetition of the corpora- block 12 or block 13 if changed on	al report or supply nental annu- alion or the recover or trustee n an attaching twith an addre	nual report is true and accuration to empowered to execute this lress.	Sect y / Treas 2/12/96 904 516 5776 Date Date of the Barbon Statutes in Section 119.07(3)(k), Florida Statutes. I further ate and that my signature shall have the same legal effect as if made under is report as required by Chapter 607, Florida Statutes; and that my name Sect y / Treas 2/12/96 904 516 5776 Date Dayting Phone #