

APR 24 1998

FILED
May 01 1998 8:00am
Secretary of State

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

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **L01863** (4)
1. Corporation Name
ACAPPELLA NATURAL SPRING WATER INC.



Principal Place of Business
**24627 C.R. 21
ORANGE SPGS. FL 32182
US**

Mailing Address
**P. O. DRAWER A
ORANGE SPGS. FL 32182
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1989	
21		26		4. FEI Number 65-0136918	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WOOD, ROGER C POST OFFICE DRAWER A ORANGE SPGS. FL 32182				10. Name and Address of New Registered Agent			
				81. Name PETER L. JOHNSON			
				82. Street Address (P.O. Box Number is Not Acceptable) P.O. DRAWER A 24627 NO. HWY 21			
				83.			
				84. City ORANGE SPRINGS	85. State FL	86. Zip Code 32182	

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 *Peter L. Johnson* **PETER L. JOHNSON, CHAIRMAN, CEO**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	CHAIRMAN, CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CONE, AL J			1.2 NAME	PETER L. JOHNSON		
STREET ADDRESS	125 NE 1ST AVENUE			1.3 STREET ADDRESS	24627 N. HWY 21, PO DRAWER A		
CITY-ST-ZIP	OCALA FL			1.4 CITY-ST-ZIP	ORANGE SPRINGS, FL 32182	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOD, ROGER C.			2.2 NAME			
STREET ADDRESS	POST OFFICE DRAWER A			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE SPGS. FL			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELK, LARRY M			3.2 NAME			
STREET ADDRESS	POST OFFICE DRAWER A			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE SPGS. FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LLOYD, VINCENT A			4.2 NAME			
STREET ADDRESS	201 SOUTH SECOND STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ECHEVARRIA, HORACIO			5.2 NAME			
STREET ADDRESS	7000 MAR DEL PLATA			5.3 STREET ADDRESS			
CITY-ST-ZIP	AGENTINA SO			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE *Peter L. Johnson* **PETER L. JOHNSON, CHAIRMAN, CEO**

CR2E034 (10/97)

DEP \$150.00