

APR 24 1998

FILED

May 01 1998 8:00am  
Secretary of State

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # L01863 (4)  
1. Corporation Name  
ACAPPELLA NATURAL SPRING WATER INC.Principal Place of Business  
24627 C.R. 21  
ORANGE SPGS. FL 32182  
USMailing 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
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		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	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
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	Zip Code FL 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, CHAIRMAN, CEO  
(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
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
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	
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	
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	
NAME	ECHEVARRIA, HORACIO	5.2 NAME	
STREET ADDRESS	7000 MAR DEL PLATA	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARGENTINA SO	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
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, CHAIRMAN, CEO

CR2E034 (10/97)

DEP \$150.00