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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

PRO	-WATER SYSTEMS, INC.				1 10011011 011 01601 11010 101	 #8 #8 6	 	
incipal Place	o of Business	Mailing Address						
STE - 111	STERN WAY CIR O VILLE FL 32256	8282 WESTERN W STE 1110 JACKSONVILLE FL US			3. Date Incorporated or Qualifie	d 3a. Dat	e of Last F	
Principal Pl	ace of Business	2a. Mailing Address			01/08/1990 4. fEl Number		04/13/	1995 Applied For
Duite Ant	#	26			59-2986640			Not Applicat
Suite, Apt.	₩, EIG.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional
City & State		City & State		=	6. Election Campaign Financing			Required
		28			Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zip	Country	- ••	8. This corporation has liability for			
	9. Name and Address of Currer	29 nt Registered Agent	30			es No	· <u>·</u>	
		Trogistered Agent	81	Nanie	10. Name and Address of New	Registered	Agent	
JONES, DONALD G. 8282 WESTERN WAY CIR #1110 JACKSONVILLE FL 32256			l L		ress (P.O. Box Number is Not Accent	able)		
			83					
								p Code
IATURE .	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florinh, and accept the obligations of, Sect	TOTAL CONTROL OF TOTAL OF THE OFFI	ω.				11	
NATURE _	Signature: typed or printed haine o' registered agent OFFICERS AN	and bite if applicable 2	ites, the above nized by the corpx is.	named corpor pration's boar		purpose of cha pointment as DATE FFICERS AND	anging its registered	registered off dagent. I am
NATURE _	Signature: typed or profed hance of registered agent	and title if applicatio	ites, the above noted by the corporate of the corporate o	named corpor pration's boar	d when recognitings	purpose of cha pointment as DATE FFICERS AND	anging its registered	registered off I agent. I am
NATURE _	Signature: typed or prelied name of registered again OFFICERS AN PST JONES, DONALD G. 509 TIVOLI DRIVE	and bite if applicable 2	ites, the above nized by the corpx is.	named corpor pration's boar	d when recognitings	purpose of cha pointment as DATE FFICERS AND	anging its registered	registered off I agent. I am
NATURE _	Signal Jer typed or printed harve of registated agent OFFICERS AN PST JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL	end title it egginet to: 191 D DIRECTORS DELFTE	ites, the above noted by the corpx is. 13. 12. NAME	named corpor pration's boar signism repares	d when recognitings	purpose of cha pointment as DATE FFICERS AND	anging its registered	registered off Lagent, Lam
NATURE	Signature: typed or printed name of registered agreed OFFICERS AN PST JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL D	and bite if applicable 2	ites, the above noted by the corpx is. 13. 1 * THE 12 NAME 1.3 STREET 14 CITY-SI 2.1 THE	named corpor pration's boar signism repares	d when recognitings	ourpose of chappointment as CATE FFICE HS ANT	anging its registered	registered off d agent. I am DES IN 12
TADDRESS \$1-ZIP	Signature: typed or printed name of registered agent OFFICERS AN PST JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL D JONES, DONALD G.	end title it egginet to: 191 D DIRECTORS DELFTE	ites, the above noted by the corpx is. 13. 1 * TILLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2 1 TILLE 22 NAME	named corpor pration's boar symmetours symme	d when recognitings	ourpose of chappointment as CATE FFICE HS ANT	enging its registered DIRECTO	registered off d agent. I am DRS IN 12
T ADDRESS T ADDRESS	Signature: typed or printed name of registered agreed OFFICERS AN PST JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL D	end title it egginet to: 191 D DIRECTORS DELFTE	ites, the above in zed by the corpx is. 13. 1 * THLE 12 NAME 1.3 STREET 1.4 CHY-SI 2 1 THLE 22 NAMI 23 STREET 23 STREET 1.4 STREET	amed corpor oration's boar significant tours. ADDRESS 1-7IP	d when recognitings	ourpose of chappointment as CATE FFICE HS ANT	enging its registered DIRECTO	registered off d agent. I am DRS IN 12
T ADDRESS T ADDRESS	Signature typed or prelited names of registrated agreed PST JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL D JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL VP	end title it egginet to: 191 D DIRECTORS DELFTE	ites, the above noted by the corpx is. 13. 1 * TILLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2 1 TILLE 22 NAME	amed corpor oration's boar significant tours. ADDRESS 1-7IP	d when recognitings	urpose of chappointment as PATE FFICE HS ANC	enging its registered DIRECTO	registered off d agent. I am DES IN 12 Addition
TADDRESS SI-ZIP TADDRESS SI-ZIP	Stynature typed or printed name of registrated again PST JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL D JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL VP JONES, JUDY	O DIRECTORS DELETE	ites, the above in zed by the corpx is. 13. 1 * THE 12 NAME 1.3 STREET 1.4 CHY-ST 2.1 THE 2.2 NAMI 2.3 STREET 2.3 STREET 2.3 STREET 3.1 THE 3.2 NAME 3.2 NAME 3.3 NAME	ADDRESS - ZP	d when recognitings	urpose of chappointment as PATE FFICE HS ANC	anging its registered DIRLCTC Change Change	registered off diagent. I am OFFS IN 12 Addition
T ADDRESS S1-ZIP T ADDRESS S1-ZIP T ADDRESS	Styrial zer typed or printed name of registrated agreed PST JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL D JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL VP JONES, JUDY 509 TIVOLI DR	O DIRECTORS DELETE	ites, the above in red by the corpx is. 13. 1 THILE 12 NAME 13 STREET 14 CHY-ST 2 THILE 22 NAME 23 STREET 3.1 THILE 32 NAME 33 STREET	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	d when recognitings	urpose of chappointment as PATE FFICE HS ANC	anging its registered DIRLCTC Change Change	registered off d agent. I am DES IN 12 Addition
T ADDRESS S1-ZIP T ADDRESS S1-ZIP	Stynature typed or printed name of registrated again PST JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL D JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL VP JONES, JUDY	O DIRECTORS DELETE DELETE	ites, the above in read by the corpx is. 13. 1 THE 12 NAME 13 SHEEL 14 CHY-ST 2 THILE 22 NAMI 23 SHEEL 1 24 CHY-ST 3.1 THE 32 NAME 33 SHEEL 1 34 CHY-ST	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	d when recognitings	ourpose of chappointment as DATE FFICE HS ANC	anging its registered DIRECTO Change Change	registered off diagent. I am DES IN 12 Addition Addition
T ADDRESS S1-ZIP T ADDRESS S1-ZIP T ADDRESS	Stynature typed or preted name of registrated again OF FICE RS AN PST JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL D JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL VP JONES, JUDY 509 TIVOLI DR JACKSONVILLE FL S KELLEY, GLORIA	O DIRECTORS DELETE	ites, the above in red by the corpx is. 13. 1 THILE 12 NAME 13 STREET 14 CHY-ST 2 THILE 22 NAME 23 STREET 3.1 THILE 32 NAME 33 STREET	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	d when recognitings	ourpose of chappointment as DATE FFICE HS ANC	anging its registered DIRLCTC Change Change	registered off diagent. I am DES IN 12 Addition Addition
T ADDRESS S1- ZIP T ADDRESS S1- ZIP T ADDRESS S1- ZIP	Signature typed or printed name of registrated again OF FICE RS AN PST JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL. D. JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL. VP. JONES, JUDY 509 TIVOLI DR. JACKSONVILLE FL. S. KELLEY, GLORIA 12865 LONGVIEW DR E.	O DIRECTORS DELETE DELETE	ites, the above in red by the corpx is. 13. 1 THILE 12 NAME 13 STREET 14 CHY-ST 2 THILE 22 NAME 23 STREET 24 CHY-ST 3.1 THILE 32 NAME 33 STREET 34 CHY-ST 4 THILE	ADDRESS - ZIP - ADDRESS - ZIF	d when recognitings	ourpose of chappointment as DATE FFICE HS ANC	anging its registered DIRECTO Change Change	registered off diagent. I am DES IN 12 Addition Addition
JATURE	Stynature typed or preted name of registrated again OF FICE RS AN PST JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL D JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL VP JONES, JUDY 509 TIVOLI DR JACKSONVILLE FL S KELLEY, GLORIA	DELETE D	Ites, the above in red by the corps is. 13. 1 THE 12 NAME 13 STREET 14 CHY-SI 2 1 THLE 22 NAME 23 STREET 24 CHY-SI 3.1 THLE 32 NAME 33 STREET 4 1 THLE 42 NAME	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	d when recognitings	ourpose of chappointment as DATE FFICE HS ANC	anging its registered DIRECTO Change Change	registered off diagent. I am DES IN 12 Addition Addition
VATURE	Signature typed or printed name of registrated again OF FICE RS AN PST JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL. D. JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL. VP. JONES, JUDY 509 TIVOLI DR. JACKSONVILLE FL. S. KELLEY, GLORIA 12865 LONGVIEW DR E.	O DIRECTORS DELETE DELETE	ites, the above in red by the corpx is. 13. 1 THE 12 NAME 13 STREET 14 CHY-ST 3.1 THE 24 CHY-ST 3.1 THE 32 NAME 33 STREET 4 THE 42 NAME 4.3 STREET 4 THE 42 NAME 4.3 STREET 5 1 THE 5 1 THE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	d when recognitings	purpose of chappointment as	anging its registered DIRECTO Change Change	registered off d agent. I am OFIS IN 12 Addition Addition
TADDRESS S1-ZIP TADDRESS S1-ZIP TADDRESS S1-ZIP TADDRESS S1-ZIP	Signature typed or printed name of registrated again OF FICE RS AN PST JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL. D. JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL. VP. JONES, JUDY 509 TIVOLI DR. JACKSONVILLE FL. S. KELLEY, GLORIA 12865 LONGVIEW DR E.	DELETE D	1105. The above in read by the corps is. 113. 1 1 1111.6 1.2 NAME 1.3 STREET I 2.2 NAME 2.3 STREET I 2.4 CHY-ST 3.1 THEF 3.2 NAME 3.3 STREET I 4.1 THEF 4.2 NAME 4.3 STREET I 4.1 THEF 4.2 NAME 4.3 STREET I 5.1 THEF 5.2 NAME	ADDRESS - ZIP - ADDRESS - ZIP	d when recognitings	purpose of chappointment as	anging its registered DIRECTO Change Change Change	registered off diagent. I am ORS IN 12 Addition Addition Addition
T ADDRESS S1- ZIP T ADDRESS S1- ZIP I ADDRESS S1- ZIP I ADDRESS S1- ZIP I ADDRESS S1- ZIP	Signature typed or printed name of registrated again OF FICE RS AN PST JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL. D. JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL. VP. JONES, JUDY 509 TIVOLI DR. JACKSONVILLE FL. S. KELLEY, GLORIA 12865 LONGVIEW DR E.	DELETE D	113. 1 111111 12 NAME 13 STREET I 22 NAME 13 STREET I 24 CHY-ST 3. 1 11111 24 CHY-ST 3. 1 11111 42 NAME 43 STREET I 4 TITLE 42 NAME 43 STREET I 4 TITLE 42 NAME 43 STREET I 5 TITLE 52 NAME 53 STREET I 5 TITLE 52 NAME 53 STREET I	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	d when recognitings	purpose of chappointment as	anging its registered DIRECTO Change Change Change	registered off diagent. I am ORS IN 12 Addition Addition Addition
NATURE	Signature typed or printed name of registrated again OF FICE RS AN PST JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL. D. JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL. VP. JONES, JUDY 509 TIVOLI DR. JACKSONVILLE FL. S. KELLEY, GLORIA 12865 LONGVIEW DR E.	DELETE D	1105. The above in read by the corps is. 113. 1 1 1111.6 1.2 NAME 1.3 STREET I 2.2 NAME 2.3 STREET I 2.4 CHY-ST 3.1 THEF 3.2 NAME 3.3 STREET I 4.1 THEF 4.2 NAME 4.3 STREET I 4.1 THEF 4.2 NAME 4.3 STREET I 5.1 THEF 5.2 NAME	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	d when recognitings	purpose of chappointment as	anging its registered DIRECTC Change Change Change Change	registered off d agent. I am OFIS IN 12 Addition Addition Addition
NATURE T ADDRESS S1- ZIP T ADDRESS S1- ZIP T ADDRESS S1- ZIP T ADDRESS S1- ZIP T ADDRESS	Signature typed or printed name of registrated again OF FICE RS AN PST JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL. D. JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL. VP. JONES, JUDY 509 TIVOLI DR. JACKSONVILLE FL. S. KELLEY, GLORIA 12865 LONGVIEW DR E.	D DIRECTORS DELETE DELETE DELETE	113. 1 1111.1 12. NAME 1.3 STREET 1. 4 CITY-ST 2. 1 TITLE 2.2 NAME 2.3 STREET 1. 2.4 CITY-ST 3. 1 TITLE 4.2 NAME 4.3 STREET 1. 4 CITY-ST 5. 1 TITLE 4.2 NAME 4.3 STREET 1. 4 TITLE 4.2 NAME 4.3 STREET 1. 4 TITLE 4.2 NAME 4.3 STREET 1. 5 TITLE 5.2 NAME 5.3 STREET 1. 5 TITLE 5.2 NAME 5.3 STREET 1. 5 TITLE 5.3 STREET 1. 5 TITLE 5.4 CITY-ST	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	d when recognitings	purpose of chappointment as	anging its registered DIRECTO Change Change Change	registered off diagent. I am ORS IN 12 Addition Addition Addition
NATURE _	Signature typed or printed name of registrated again OF FICE RS AN PST JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL. D. JONES, DONALD G. 509 TIVOLI DRIVE JACKSONVILLE FL. VP. JONES, JUDY 509 TIVOLI DR. JACKSONVILLE FL. S. KELLEY, GLORIA 12865 LONGVIEW DR E.	D DIRECTORS DELETE DELETE DELETE	1105. The above in read by the corps is. 113. 1 1 1111. 1 2 NAME 1 3 STREET I 2 2 NAME 2 3 STREET I 2 4 CITY - ST 3 1 TITLE 4 2 NAME 4 1 TITLE 4 2 NAME 4 3 STREET I 4 1 TITLE 5 1 NAME 4 3 STREET I 5 1 TITLE 5 2 NAME 6 3 TITLE 6 3 TITLE	ADDRESS - ZIP - ADDRESS - ZIP - ADDRESS - ZIP	d when recognitings	purpose of chappointment as	anging its registered DIRECTC Change Change Change Change	registered off d agent. I am OFIS IN 12 Addition Addition Addition Addition

SIGNATURE:

3-22-94 904-731-8905