FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 1:46

DOCUMENT # **P19527** **(1)**

1. Corporation Name

FINNEGAN'S WATER SYSTEMS, INC.

Principal Place of Business	Mailing Address
1407 17TH AVENUE E. OSKALOOSA IA 52577	1407 17TH AVENUE E. OSKALOOSA IA 52577

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/06/1988**

3a. Date of Last Report: **07/27/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: **42-1314781** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23:

City & State — 28:

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: Country — 25:

Zip — 29: Country — 30:

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MANN, MARGARET E.
100 AVE. A
SUITE C
FT. PIERCE FL 33450

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City **FL** 65 Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	MUHL, JOHN A.	1.2 NAME	
STREET ADDRESS	1270 C AVE. E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OSKALOSSA IA	1.4 CITY-ST-ZIP	
TITLE	~~VSD~~	2.1 TITLE	☒ Change ☐ Addition
NAME	~~MUHL, STEPHEN J.~~	2.2 NAME	(Resigned) effective 5/24/94
STREET ADDRESS	~~102 HIGHLAND AVE.~~	2.3 STREET ADDRESS	from corporate director and officer
CITY-ST-ZIP	~~OSKALOOSA IA~~	2.4 CITY-ST-ZIP	positions
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	MUHL, BRADLEY G.	3.2 NAME	
STREET ADDRESS	KEOMAH VILLAGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OSKALOOSA IA	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, C.A., JR.	4.2 NAME	S/D
STREET ADDRESS	816 WOODLAND RD.	4.3 STREET ADDRESS	Williams, C. A., Jr.
CITY-ST-ZIP	OSKALOOSA IA	4.4 CITY-ST-ZIP	816 Woodland Road
			Oskaloosa, Iowa 52577
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Bradley G. Muhl 3-29-95 515/673-3481

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

Bradley G. Muhl, Vice President