

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P36192** (3)
1. Corporation Name
MOUNTAIN VALLEY SPRING COMPANY



Principal Place of Business: **P.O. BOX 1610 HOT SPRINGS AR 71902**
Mailing Address: **P.O. BOX 1610 HOT SPRINGS AR 71902**

3. Date Incorporated or Qualified: **11/05/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **13-2564099**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	WHITSON, JAMES N.	
STREET ADDRESS	300 CRESCENT COURT #700	
CITY- ST- ZIP	DALLAS TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KORBA, ROBERT W.	
STREET ADDRESS	300 CRESCENT COURT #700	
CITY- ST- ZIP	DALLAS TX	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	MITCHELL, THOMAS	
STREET ADDRESS	150 CENTRAL AVENUE	
CITY- ST- ZIP	HOT SPRINGS AR	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WASHBURN, JOHN H.	
STREET ADDRESS	300 CRESCENT CT., #700	
CITY- ST- ZIP	DALLAS TX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SIMMONS, DON	
STREET ADDRESS	150 CENTRAL AVE	
CITY- ST- ZIP	HOT SPRINGS AR	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	IVEY, CRAIG	
STREET ADDRESS	150 CENTRAL AVE	
CITY- ST- ZIP	HOT SPRINGS AR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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)(k), 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: *Thomas Mitchell* **THOMAS MITCHELL** 5-13-96 5016236671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)