

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

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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90018 032 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36192
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-2564099	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITSON, JAMES N.	1.2 NAME	Ethridge, Joseph A.
STREET ADDRESS	300 CRESCENT COURT #700	1.3 STREET ADDRESS	5949 Sherry Lane, Suite 1900
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	Dallas, TX 75225
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORBA, ROBERT W.	2.2 NAME	Korba, Robert W.
STREET ADDRESS	300 CRESCENT COURT #700	2.3 STREET ADDRESS	5949 Sherry Lane, Suite 1900
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	Dallas, TX 75225
TITLE	PT <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, THOMAS	3.2 NAME	Washburn, John W.
STREET ADDRESS	150 CENTRAL AVENUE	3.3 STREET ADDRESS	5949 Sherry Lane, Suite 1900
CITY-ST-ZIP	HOT SPRINGS AR	3.4 CITY-ST-ZIP	Dallas, TX 75225
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHBURN, JOHN H.	4.2 NAME	
STREET ADDRESS	300 CRESCENT CT., #700	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, DON	5.2 NAME	
STREET ADDRESS	150 CENTRAL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOT SPRINGS AR	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVEY, CRAIG	6.2 NAME	
STREET ADDRESS	150 CENTRAL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOT SPRINGS AR	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, with all other like empowered.

SIGNATURE: [Signature] 3-31-99 501-623-6671
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)