

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P39718

(2)

1. Corporation Name

GEORGIA MOUNTAIN WATER, INC.

Principal Place of Business

P.O. BOX 1243  
MARIETTA GA 30061

Mailing Address

P.O. BOX 1243  
MARIETTA GA 30061

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

CURTIS, JEFF  
702 ANCHORS ST  
FT WALTON BEACH FL 32548

3. Date Incorporated or Qualified

07/21/1992

3a. Date of Last Report

04/06/1995

4. FEI Number

58-1526530

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and their day phone

Initials (For Official Agent Signature Required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP  
NAME CARROLL, JAMES M.  
STREET ADDRESS 461 KELLY DR.  
CITY-STATE-ZIP MARIETTA GA ☐ DELETE

TITLE VC  
NAME CARROLL, STEVEN W.  
STREET ADDRESS 1343 HILLSIDE DR  
CITY-STATE-ZIP DALLAS GA ☐ DELETE

TITLE DV  
NAME CARROLL, THOMAS S.  
STREET ADDRESS RT 1 BOX 1314  
CITY-STATE-ZIP BLUE RIDGE GA ☐ DELETE

TITLE D  
NAME CARROLL, MELANIE  
STREET ADDRESS 461 KELLY DR.  
CITY-STATE-ZIP MARIETTA GA ☐ DELETE

TITLE ST  
NAME CARROLL, STEVEN W.  
STREET ADDRESS 1343 HILLSIDE DR  
CITY-STATE-ZIP DALLAS GA ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-96 770-928-9972  
Date Daytime Phone

CR2E034 (12/95)