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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 MAR 28 AM 11:37

DOCUMENT # **P94000003401 (4)**

1. Corporate Name
WELSH'S WATER SERVICE, INC.

Principal Place of Business
~~2955~~
~~2000 KIRBY AVE NE~~
~~SUITE 10 C~~
PALM BAY FL 32905

Mailing Address
~~2955~~
2000 KIRBY AVE NE
SUITE 10 C
PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/06/1994**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-322 4672** ☐ Applied For ☐ Not Applicable
(22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (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

~~LUNSFORD~~, W.D.
7255 ~~BLUE~~ SHORE RD
GRANT FL 32949

10. Name and Address of New Registered Agent

81 Name: MARK Welsh
82 Street Address (P.O. Box Number is Not Acceptable): 1209 Helliwell ST. NW
83
84 City: Palm Bay **FL** 85 Zip Code: 32907

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] 3-24-95
(Signature of new registered agent, if appointed) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WELSH, MAUREEN A	12 NAME	
STREET ADDRESS	1209 HELLIWELL ST NW	13 STREET ADDRESS	
CITY ST ZIP	PALM BAY FL 32907	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	WELSH, MARK K	22 NAME	
STREET ADDRESS	1209 HELLIWELL ST NW	23 STREET ADDRESS	
CITY ST ZIP	PALM BAY FL 32907	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	LUNSFORD, W.D.	32 NAME	
STREET ADDRESS	7255 BLUE SHORE RD	33 STREET ADDRESS	
CITY ST ZIP	GRANT FL 32949	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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 added to the report.

SIGNATURE: Maureen Welsh Maureen Welsh 2/25/95 (407) 951-9023
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Telephone Number

0067636 CP