

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000003401 (4)

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



Principal Place of Business 2855 KIRBY AVE NE SUITE 18 PALM BAY FL 32905 US	Mailing Address 2855 KIRBY AVE NE SUITE 18 PALM BAY FL 32905-3430 US
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3. Date Incorporated or Qualified 01/06/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 61497	4. FEI Number 59-3224672	Applied For <input type="checkbox"/> Not Applicable
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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City & State 23	City & State 28 Palm Bay, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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Zip 24	Country 25	Zip 29 32906-1497	Country 30 Brevard	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
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WELSH, MARK 1209 HELLWELL ST N.W. PALM BEACH FL 32907	81 Name maureen welsh
	82 Street Address (P.O. Box Number is Not Acceptable) ← Some
	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 mwelsh (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD & SDO	NAME WELSH, MAUREEN A	1.1 TITLE ← Some	1.2 NAME WELSH, MAUREEN P/D/S/T
STREET ADDRESS 1209 HELLWELL ST NW	CITY-ST-ZIP PALM BAY FL 32907	1.3 STREET ADDRESS ← Some	1.4 CITY-ST-ZIP
TITLE SD	NAME WELSH, MARK K	2.1 TITLE Delete	2.2 NAME Delete
STREET ADDRESS 1209 HELLWELL ST NW	CITY-ST-ZIP PALM BAY FL 32907	2.3 STREET ADDRESS Delete	2.4 CITY-ST-ZIP
TITLE TD	NAME LUNSFORD, W.D.	3.1 TITLE Delete	3.2 NAME Delete
STREET ADDRESS 7265 BLUE SHORE RD	CITY-ST-ZIP GRANT FL 32949	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: mwelsh 1-30-97

CR2E034 (9/96)