

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra P. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000048426 (8)

1. Corporation Name

GAGNE NATURAL SPRING WATER CORPORATION



Principal Place of Business

217 MAIN STREET  
DESTIN FL 32541

Mailing Address

217 MAIN STREET  
DESTIN FL 32541

3. Date Incorporated or Qualified

06/24/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2489968

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

9. Name and Address of Current Registered Agent

GAGNE, ARMAND J  
217 MAIN STREET  
DESTIN FL 32541

10. Name and Address of New Registered Agent

81

Name

MICHAEL J. GAGNE

82

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

217 MAIN STREET

83

84

City

DESTIN,

FL

85

Zip Code

32541

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

*Michael J. Gagne*

(Signature of Registered Agent required when re-registering)

5/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☒ DELETE

NAME GAGNE, ARMAND J  
STREET ADDRESS 877 BRANDE COURT  
CITY-STATE-ZIP SHALIMAR FL 32579

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

PST ☒ Change ☐ Addition

12 NAME

GAGNE, MICHAEL J.

13 STREET ADDRESS

125 N. AUDREY CIRCLE

14 CITY-STATE-ZIP

FORT WALTON BEACH FL. 32548

15 TITLE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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\*\*\*200.00

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 in an attachment with an address.

SIGNATURE:

*Michael J. Gagne*

(Signature and typed or printed name of signing officer or director)

Date

5/1/96

Daytime Phone #

(904) 837-0794

CR2E034 (12/95)