FILE NOW: FILING FEE AFTER MAY 1:

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06-10-1999 90024 025 ***550.00

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA

DIVISION

DOCUMENT - 2

573968 - 90024 - 25

DOCUMENT # **P94000048426**

1. Corporation Name

GAGNE NATURAL SPRING WATER CORPORATION

Principal Place of Business	Mailing Address
217 MAIN STREET DESTIN FL 32541	217 MAIN STREET DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1994

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

7. This corporation owes the current year intangible Personal Property Tax: X Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 332 mountain DR.	26 P.O.BOX 219
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Destin FL.	City & State 28 Destin FL.
Zip 24 32541 Country 25 USA.	Zip 29 32540 Country 30 U.S.A.

8. Name and Address of Current Registered Agent

GAGNE, MICHAEL J
217 MAIN STREET
DESTIN FL 32541

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 title if applicable — Registered Agent signature required when changed (a)

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	GAGNE, MICHAEL J	
STREET ADDRESS	125 N. AUDREY CIR.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	X Change ☐ Addition
1.2 NAME	Gagne michael J.	
1.3 STREET ADDRESS	74 country CLUB Rd.	
1.4 CITY-ST-ZIP	SHALIMAR FL. 32579	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (11/96)

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: Michael J Gagne — 5/12/99 — (850) 837-0794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone number