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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P94000081319 (3)

THE GREAT WATER COMPANY, INC.

Principal Place of Business Mailing Address 9709 WEST SAMPLE RD P.O. BOX 770610 **CORAL SPRINGS FL 33065** CORAL SPRINGS FL 33077 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/04/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0526874 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BUTLER, BRUCE S 9709 WEST SAMPLE RD Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33065 В3 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 (fxO1): Registered Agent signature required when reinstating) Signature: typed or printed man elof regulated aspent and one if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Addition Change TITLE 1.1 TITLE BUTLER, BRUCE S NAME 1.2 NAME 9709 WEST SAMPLE ROAD STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7IP DELETE Change Addition TITLE 31) HUF 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME STREET ADDRESS 53 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS

14. Thereby 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 arrival report or supplied critical arrival 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 comporation 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

CITY-ST-ZIP

4/29/98

FILED

May 14 1998 8:00am

Secretary of State