

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000000008 (9)**

1. Corporation Name

**PURE QUALITY WATER SERVICES, INC.**



Principal Place of Business

**3329 HIGHWAY 441  
FRUITLAND PARK FL 34731**

Mailing Address

**3329 HIGHWAY 441  
FRUITLAND PARK FL 34731**

3. Date Incorporated or Qualified  
**12/01/1994**

3a. Date of Last Report  
**04/11/1995**

2. Principal Place of Business

21 **100 SATELLITE CT.**

2a. Mailing Address

26 **100 SATELLITE CT**

4. FEI Number

**59-3280014**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

23 **LEESBURG, FL**

City & State

28 **LEESBURG, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

24 **34748** 25 **USA**

Zip

Country

29 **34748** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUNWOODY, MARTHA B  
3329 HIGHWAY 441  
FRUITLAND PARK FL 34731**

81 Name

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

**100 SATELLITE CT**

83

84 City **LEESBURG**

FL

85 Zip Code **34748**

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 607.0501, Florida Statutes.

SIGNATURE

*Martha B. Dunwoody*

(NOTE: Registered Agent signature required when not filing)

**4-11-96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **DUNWOODY, MARTHA B**  
CITY-ST-ZIP **12751 SOUTH MAGNOLIA AVE.  
OCALA FL 34473**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **MOORE, ELTON G**  
CITY-ST-ZIP **12751 SOUTH MAGNOLIA AVE.  
OCALA FL 34473**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE

*Martha B. Dunwoody*

**(MARTHA B. DUNWOODY) 4-11-96 352-728-6656**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)