

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000007918 (2)

1. Corporation Name

EAGLE PURE WATER SYSTEMS, INC.



Principal Place of Business

3522 SHADOWOOD DRIVE
VALRICO FL 33594

Mailing Address

3522 SHADOWOOD DRIVE
VALRICO FL 33594

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

EAGLE PURE WATER SYSTEMS, INC.

27

Suite, Apt. #, etc.

28

City & State

29

HARLEYSVILLE, PA

30

Zip

Country

3. Date Incorporated or Qualified

01/31/1995

3a. Date of Last Report

4. FEI Number

65-0560919

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

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81

Name

William Snyder III

82

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

3522 SHADOWOOD DRIVE

83

84

City

VALRICO

FL

Zip Code

33594

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

William Snyder III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature is required when resigning.)

3-27-96

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COMITZ, GREGORY	
STREET ADDRESS	663 HARPER LANE	
CITY- ST- ZIP	HARLEYSVILLE PA 19438	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SNYDER, WILLIAM III	
STREET ADDRESS	3522 SHADOWOOD DRIVE	
CITY- ST- ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKEOWN, THOMAS	
STREET ADDRESS	1499 SKIPPACK PIKE	
CITY- ST- ZIP	SKIPPACK PA 19422	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COMITZ, GREGORY	
1.3 STREET ADDRESS	663 HARPER LANE	
1.4 CITY- ST- ZIP	HARLEYSVILLE, PA 19438	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SNYDER, WILLIAM III	
2.3 STREET ADDRESS	3522 SHADOWOOD DRIVE	
2.4 CITY- ST- ZIP	VALRICO, FL 33594	
3.1 TITLE	SECRETARY / TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCKEOWN, THOMAS	
3.3 STREET ADDRESS	1499 SKIPPACK PIKE	
3.4 CITY- ST- ZIP	SKIPPACK, PA 19422	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96 215-256-9515

CR2E034 (12/95)