

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000043652 (3)**

1. Corporation Name

WATERMASTER INTERNATIONAL, INC.



Principal Place of Business

**220 W. GARDEN ST.
SUITE 801
PENSACOLA FL 32501**

Mailing Address

**220 W. GARDEN ST.
SUITE 801
PENSACOLA FL 32501**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**JENKINS, THOMAS R
220 W. GARDEN ST.
SUITE 801
PENSACOLA FL 32501**

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 607.1505, 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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

Thomas R Jenkins

March 13, 1996

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WILLIAMSON, RODNEY	
STREET ADDRESS	9519 BARRANGER DR.	
CITY-STATE-ZIP	PENSACOLA FL 32514	
TITLE	STD	☐ DELETE
NAME	BOYD, LADON	
STREET ADDRESS	3970 MCCLELLAN RD.	
CITY-STATE-ZIP	PENSACOLA FL 32503	
TITLE	D	☐ DELETE
NAME	JENKINS, THOMAS R	
STREET ADDRESS	220 W. GARDEN ST., #801	
CITY-STATE-ZIP	PENSACOLA FL 32501	
TITLE	D	☐ DELETE
NAME	DICKERSON, DOUG	
STREET ADDRESS	828 BAYCLIFFS RD.	
CITY-STATE-ZIP	GULF BREEZE FL 32561	
TITLE	D	☐ DELETE
NAME	TAYLOR, LUTHER	
STREET ADDRESS	4641 CANOPY RD.	
CITY-STATE-ZIP	PENSACOLA FL 32504	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	☐ 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)(a), 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 a member 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 attached statement with an address.

SIGNATURE:

Thomas R Jenkins

March 13, 1996 (84)434-5223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)