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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000066894 (3)**

1. Corporation Name

NATIONAL WATER FINANCIAL SERVICES, INC.



Principal Place of Business

**2321 GRIFFIN ROAD
LEESBURG FL 34748**

Mailing Address

**2321 GRIFFIN ROAD
LEESBURG FL 34748**

2. Principal Place of Business

2a. Mailing Address

21 **2315 W. Griffin**

26 **2315 W. Griffin**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 **Suite 7**

27 **Suite 7**

City & State

City & State

23 **Leesburg FL**

28 **Leesburg FL**

Zip

Country

Zip

Country

24 **34748**

25

29 **34748**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KILPATRICK, MARY S
4786 C.R. 117-A
WILDWOOD FL 34785**

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)

Signature typed or printed name of new registered agent (and title, if applicable)

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

NAME
KILPATRICK, MARY S
STREET ADDRESS
4786 C.R. 117-A
CITY-ST-ZIP
WILDWOOD FL 34785

☐ DELETE

13. TITLE

11 NAME
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
VD
NAME
FLINK, KIM
STREET ADDRESS
802 CLUSTERWOOD DR
CITY-ST-ZIP
YALAHUA FL 34797

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-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 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

3/12/96

Date

352-360-0730

Daytime Phone #

CR2E034 (12/95)