

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000066894 (3)**

1. Corporation Name

NATIONAL WATER FINANCIAL SERVICES, INC.

Principal Place of Business

**2315 W. GRIFFIN
SUITE 7
LEESBURG FL 34748
US**

Mailing Address

**2315 W. GRIFFIN
SUITE 7
LEESBURG FL 34748-3315
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/25/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3355009

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

10. Name and Address of New Registered Agent

81 Name
Mary Sue Kilpatrick

82 Street Address (P.O. Box Number is Not Acceptable)
1102 Linmark Ave.

83

84 City
Fruitland Park

FL **85** Zip Code
34731

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **KILPATRICK, MARY S**
STREET ADDRESS **4786 C.R. 117-A**
CITY-STATE-ZIP **WILDWOOD FL 34785**

TITLE **VD** ☐ DELETE
NAME **FLINK, KIM**
STREET ADDRESS **35535 DOGWOOD DR.**
CITY-STATE-ZIP **FRUITLAND PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Mary Sue Kilpatrick**
1.3 STREET ADDRESS **1102 Linmark Ave.**
1.4 CITY-STATE-ZIP **Fruitland Park, FL 34731**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **Kim Flink**
2.3 STREET ADDRESS **33535 Dogwood Dr.**
2.4 CITY-STATE-ZIP **Fruitland Park, FL 34731**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

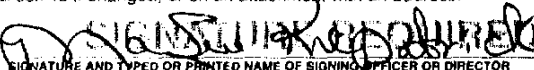
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby 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 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

Date

Daytime Phone #

CR2E034 (9/96)