

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

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000094345 (1)

1. Corporation Name

A PLUS WATER SOLUTIONS, INC.

Principal Place of Business

7118 BLUEBERRY HILL DR
TALLAHASSEE FL 32303
US

Mailing Address

7118 BLUEBERRY HILL DR
TALLAHASSEE FL 32303
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2925-21 Leelo Rd		26 Suite, Apt. #, etc.		11/18/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 Albany, GA		28 City & State		59-3410884	
24 31707		29 USA		Applied For	
25		30		<input checked="" type="checkbox"/> Not Applicable	
26		27		5. Certificate of Status Desired	
27		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
28		29		6. Election Campaign Financing	
29		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
30		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
31		32		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RUDOLPH, JOHN A JR.
542 EAST PARK AVE.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	EASTON, PAUL A	1.2 NAME	
STREET ADDRESS	7118 BLUEBERRY HILL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	EASTON, JEANINE B	2.2 NAME	
STREET ADDRESS	7118 BLUEBERRY HILL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Jeanine B. Easton

3-30-98

850-562-4907

CR2E034 (10/97)