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# FILED
# May 19 1997 8:00am
# Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **S14417** **(7)**

1. Corporation Name
**VOLUSIA NATIONAL QUALITY WATER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 538 N. DIXIE FREEWAY<br>NEW SMYRNA BEACH FL 32168 | 538 N. DIXIE FREEWAY<br>NEW SMYRNA BEACH FL 32168-6708 |

Moved PO Box 291991 Port Orange FL 32119

2. Principal Place of Business
21 P.O.Box 291991
Suite, Apt. #, etc.
22 Port Orange
City & State
23 FL
Zip 24 32119 Country 25 Volusia

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
28 Volusia Quality Water Inc.
P.O. Box 291991
Port Orange, FL 32129-1991
29

3. Date Incorporated or Qualified: 11/19/1990
3a. Date of Last Report: 04/25/1996
4. FEI Number: 59-3047786 ☐ 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
CROTTY, WILLIAM G.
BLACK, CROTTY, SIMS, ET AL.
~~500 N DIXIE FREEWAY~~
~~NEW SMYRNA BEACH FL 32168~~
Same

10. Name and Address of New Registered Agent
81 Name: Same OR
82 Street Address (P.O. Box Number is Not Acceptable): 808 Charles St
83 Port Orange
84 City: FL 85 Zip Code: 32119

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] 4-4-97
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 | D ☐ DELETE | 1.1 TITLE | Joni JOLLIFF ☒ Change ☐ Addition |
| NAME | JOLIFF, JONI | 1.2 NAME | |
| STREET ADDRESS | ~~538 N. DIXIE HWY~~ | 1.3 STREET ADDRESS | 808 Charles St |
| CITY-ST-ZIP | ~~NEW SMYRNA BEACH FL~~ moved | 1.4 CITY-ST-ZIP | Port Orange FL 32119 |
| TITLE | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | VOLUSIA QUALITY WATER INC. | 2.2 NAME | Joni Jolliff |
| STREET ADDRESS | P.O. BOX 291991 | 2.3 STREET ADDRESS | 808 Charles Street |
| CITY-ST-ZIP | PORT ORANGE, FL 32129-1991 | 2.4 CITY-ST-ZIP | Port Orange, FL 32119 |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

Any Questions Please Call 904-767-2888 Two Addresses

CR2E034 (9/96)

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] 4-24-97 (904) 767-2888