FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **S26241** **(7)**

1. Corporation Name

SILVER SPRINGS BOTTLED WATER CO.

Principal Place of Business	Mailing Address
P.O. BOX 926 SILVER SPRINGS FL 32688	P.O. BOX 926 SILVER SPRINGS FL 32688

3. Date Incorporated or Qualified: **01/18/1991**
3a. Date of Last Report: **03/31/1995**

4. FEI Number: **65-0238875** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

RICHMOND, KARL E.
66 NE 56 TERR
OCALA FL 33970

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 NAME: RICHMOND, KARL E STREET ADDRESS: 66 N.E. 56TH TERRACE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: DST NAME: RICHMOND, MARGARET A STREET ADDRESS: 705 N.E. FIRST STREET CITY-ST-ZIP: MICANOPY FL	☐ DELETE	☒ Change ☐ Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS: 66 NE 56TH TERRACE 2.4 CITY-ST-ZIP: Ocala, Fl 34470
TITLE: VD NAME: RICHMOND, KANE STREET ADDRESS: 3039 NE 39 PL CITY-ST-ZIP: OCALA FL	☐ DELETE	☐ Change ☐ Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE: D NAME: RICHMOND, KIRK STREET ADDRESS: 6674 KESTREL CIR CITY-ST-ZIP: FT MYERS FL	☐ DELETE	☐ Change ☐ Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE: D NAME: MCPHILLIPS, CHERYL STREET ADDRESS: 1575 WORLEY AVE CITY-ST-ZIP: MERRITT ISLAND FL	☐ DELETE	☐ Change ☐ Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE: D NAME: RICHMOND, KEITH STREET ADDRESS: 1970 OAK DR CITY-ST-ZIP: FORT MYERS FL	☐ DELETE	☐ Change ☐ Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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)(k), 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: Margaret A. Richmond Sec/Trea 1/16/96 352-368-6806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Margaret A Richmond

CR2E034 (12/95)