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Apr 24 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 # **V44373** (1)

1. Corporation Name
MID-FLORIDA WATER CONDITIONING, INC.

Principal Place of Business
**1514 OLD DAYTONA CIR.
DELAND FL 32724**

Mailing Address
**P.O. BOX 705
DELAND FL 32721-0705**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/17/1992	3a. Date of Last Report 04/24/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 69-3128595	Applied For Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**BAUER, KIRK T.
223 S. WOODLAND BLVD.
DELAND FL 32721**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	
NAME	BENNETT, KENNETH CHARLES, II	1.2 NAME	
STREET ADDRESS	542 N. SUMMIT AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE HELEN FL 32744	1.4 CITY - ST - ZIP	
TITLE	DST	2.1 TITLE	
NAME	BENNETT, LISA J	2.2 NAME	
STREET ADDRESS	542 N. SUMMIT AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE HELEN FL	2.4 CITY - ST - ZIP	
TITLE	DP	3.1 TITLE	
NAME	BENNETT, KENNETH C., II	3.2 NAME	
STREET ADDRESS	542 N. SUMMIT AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE HELEN FL	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 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

4-5-97

404-736-2120

CR2E034 (9/96)