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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT # 1, Corporation Name

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ARTESIAN	SOFT	WATER	OF	S.W.	FLA.,	INC.

3140 TUNKIN DR NORTH PORT FL 34287 US  3. Date Incorporated or Qualified 3a. Date of Last Report 08/18/1992 04/10/1995  2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified 3a. Date of Last Report 08/18/1992 04/10/1995  4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State 3								
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Suite, Apt. #, utc. 2   21   Suite, Apt. #, etc.   22   Suite, Apt. #, etc.   22   City & State	2. Principal Pla	ce of Business	F:-¬ -				<u> </u>	<u> </u>
27	21					65-0353179	60.7	L
City & State 3		, etc.	⊢ γ			5. Certificate of Status Desired		
Added to Fees   Trust Annotation   Added to Fees   Report   Report   Registered Agent	City P State					6 Election Campaign Financing		
2p	23		r· 1				1 1	•
		Country		Countr	y	8. This corporation has liability for li	ntangible tax under	s 199.032,
S. Name and Address of Current Registered Agent  CRAWFORD, CURTIS 3140 TUNKIN DR NORTH PORT FL 34287  15. 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 agent, or both, in the State of Florida, their organization by the corporation's board of directors. Florida Statutes  15. 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 effect or registered agent, or both, in the State of Florida, their organization is the State of Florida, their organization of Florida, their organization is board of directors. Floriday society the exponential as registered effect. I amiliar with, and above the exponential as registered effect. I amiliar with, and above the exponential as registered effect. I amiliar with, and above the exponential as registered effect. I amiliar with, and above the exponential as registered effect. I amiliar with, and above the exponential as registered effect. I amiliar with, and above the exponential as registered effect. I amiliar with a state and a state of the corporation's board of directors. Floriday society the exponential as registered effect. I amiliar with a state and a state of the exponential as registered effect. I amiliar with a state and a state of the exponential as registered effect. I amiliar with a state and a state of the exponential as registered effect. I amiliar with a state and a state of the exponential as registered effect. I amiliar with a state and a sta	24	25	29	30				
CRAWFORD, CURTIS 3140 TUNKIN DR NORTH PORT FL 34287  84 City FL 85 ZPp Code  11. Pursuant to this provisions of Socious 407,0502 and 607,1508, Fords Statutes, this above named corporation submits this statement for the purpose of changing its registered agent, or both, in the Statu of Fords. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the purpose of changing its registered agent, and the purpose of changing its registered agent. I am familiar with, and accept the department of the purpose of changing its registered agent. I am familiar with, and accept the department as registered agent. I am familiar with, and accept the department as registered agent. I am familiar with, and accept the department as registered agent. I am familiar with, and accept the department as registered agent. I am familiar with, and accept the department as registered agent. I am familiar with, and accept the department as registered agent. I am familiar with, and accept the department as registered agent. I am familiar with, and accept the department as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a familiar		9. Name and Address of Cur	rent Registered Agent		T	10. Name and Address of New R	egistered Agent	
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NORTH PORT FL 34287    1								
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or registered agent, or both, in the State of Florida, Such change was authorized by the Corporation's board or directors. Thereby accept the displaced significant with an absorption of social or Strokes.  SIGNATURE  Signature. Takes or procedurate the places of the p					<u> </u>			
12.	or registere familiar wit	ed agent, or both, in the State of F.	lorida. Such change was authorize	od by the cor	poration's boa	rd of directors. I hereby accept the appo	vintment as registere	ed agent. I am
TILE	SIGNATURE _	Signature, typed or printed name of registered a	gent and tilk if applicable. (NO1	lE: Ft∍gisterad Ag	ort signature require			
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I do hereby certify that the information supplied with this filling 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: Curtes L Crawford

SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 941-4266083

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