

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J51292 (7)**

1. Corporation Name

**AQUA INVESTMENT COMPANY OF PALM COAST**



Principal Place of Business

13 UTILITY DRIVE  
P.O. BOX 350814  
PALM COAST FL 32135-7814

Mailing Address

13 UTILITY DRIVE  
P.O. BOX 350814  
PALM COAST FL 32135-7814

3. Date Incorporated or Qualified <b>01/12/1987</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-2857411</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business

State, Apt. #, etc.

City & State

Zip

County

2a. Mailing Address

State, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**AMARAL, ANTONIO  
13 UTILITY DRIVE  
PALM COAST FL 32137**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0500 and 607.1500, 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 607.0500, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMARAL, ANTONIO</b>	1.2 NAME	
STREET ADDRESS	<b>2 CENTER PLACE</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM COAST FL</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>VT</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMARAL, MARIA</b>	2.2 NAME	
STREET ADDRESS	<b>2 CENTER PLACE</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM COAST FL</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMARAL, DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>2 CENTER PLACE</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM COAST FL</b>	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 included 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, and if an attorney, with an address.

SIGNATURE: *Maria Amaral* **MARIA AMARAL** 0/9/96 (904) 445-9393  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)