

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**FILED**

**97 MAY 16 PM 4:03**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P36192 (3)**  
1. Corporation Name  
**MOUNTAIN VALLEY SPRING COMPANY**



Principal Place of Business Mailing Address  
**P.O. BOX 1610 HOT SPRINGS AR 71902** **P.O. BOX 1610 HOT SPRINGS AR 71902-1610**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/05/1991	05/21/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		13-2564099	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITSON, JAMES N.	1.2 NAME	
STREET ADDRESS	300 CRESCENT COURT #700	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORBA, ROBERT W.	2.2 NAME	700002184517--0
STREET ADDRESS	300 CRESCENT COURT #700	2.3 STREET ADDRESS	-05/20/97--01017--018
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	***\$50.00 ***\$50.00
TITLE	PT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, THOMAS	3.2 NAME	
STREET ADDRESS	150 CENTRAL AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOT SPRINGS AR	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHBURN, JOHN H.	4.2 NAME	
STREET ADDRESS	300 CRESCENT CT., #700	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, DON	5.2 NAME	
STREET ADDRESS	150 CENTRAL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOT SPRINGS AR	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVEY, CRAIG	6.2 NAME	
STREET ADDRESS	150 CENTRAL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOT SPRINGS AR	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 supplement or 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 \_\_\_\_\_ Thomas Mitchell 5/16/97 501-673-6671

CR2E034 (9/96)