

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

**APPROVED
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95 MAY -1 AM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **495081** (2)
1. Corporation Name
PPW SEWER CO., INC.

Principal Place of Business Mailing Address
C/O THE MAJOR GROUP, INC.
222 S. 15TH ST., STE 600 NORTH
OMAHA NE 68102
US

2. Principal Place of Business 2a. Mailing Address
21 26
22 27
23 28
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/22/1976** 3a. Date of Last Report **05/20/1994**

4. FEI Number **59-1672775** 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

7. This corporation has liability for intangible tax under § 109.042, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE NAME STREET ADDRESS CITY & STATE	P GERBER, WILLIAM J. 222 S. 15TH ST., STE 600 NORTH OMAHA NE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition OMAHA, NE 68102
TITLE NAME STREET ADDRESS CITY & STATE	T MACE, GEORGIA M. 222 S. 15TH ST., STE 600 NORTH OMAHA NE	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition OMAHA, NE 68102
TITLE NAME STREET ADDRESS CITY & STATE	S KNOLLA, PETER A. 222 S. 15TH ST., STE 600 NORTH OMAHA NE	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition OMAHA, NE 68102
TITLE NAME STREET ADDRESS CITY & STATE		13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY & STATE		17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY & STATE		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 make the report as required by Chapter 100, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND POSITION PRINTED NAME OF BOARD OFFICER OR DIRECTOR

04/29/95 (402) 344-8800