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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 750435 (0)

1. Corporation Name

FLORIDA GROUND WATER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
332 W. CENTRAL AVE. PO B 1519 WINTER HAVEN FL 33880-2960	332 W. CENTRAL AVE. PO B 1519 WINTER HAVEN FL 33880-2960

3. Date Incorporated or Qualified: 12/31/1979
3a. Date of Last Report: 03/08/1996

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

4. FEI Number: 59-2269190 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOOZER, DAVID
332 W. CENTRAL AVE.
P.O. BOX 1519
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PARTRIDGE, PAT		1.2 NAME	
STREET ADDRESS	4744 COLLINS RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CROSBY, GRIFFIN JR		2.2 NAME	
STREET ADDRESS	CROSBY WELL DRILLING		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARDWICKE, ALLEN		3.2 NAME	
STREET ADDRESS	42132 N. HWY 19		3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, DOROTHY L.		4.2 NAME	
STREET ADDRESS	5006 N RENELLIE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, WAYNE		5.2 NAME	
STREET ADDRESS	CUSTOM DRILLING		5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	
TITLE	PPD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MYERS, TIM		6.2 NAME	
STREET ADDRESS	230 NE 16 AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 3-24-97 941-293-5242