

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N17556** (4)

1. Corporation Name
BELFORT SOUTH STORM WATER MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7800 BELFORT PKWY., STE. 100 JACKSONVILLE FL 32256	7800 BELFORT PKWY., STE. 100 JACKSONVILLE FL 32256

3. Date Incorporated or Qualified 10/28/1986	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2729132	Applied For <input type="checkbox"/> Not Applicable
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**HOLBROOK, H. LEON
ONE INDEPENDENT DRIVE
2301 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

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

FL

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, BRIGHTMAN	12 NAME	
STREET ADDRESS	2314 LA MESA DRIVE	13 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	14 CITY - ST - ZIP	
TITLE	VSD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, CHESTER, JR.	22 NAME	
STREET ADDRESS	6803 OLD KINGS ROAD S.	23 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	24 CITY - ST - ZIP	
TITLE	ASD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBROOK, H. LEON	32 NAME	
STREET ADDRESS	2301 INDEPENDENT SQUARE	33 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	34 CITY - ST - ZIP	
TITLE	VD	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHALLEY, MICHAEL J.	42 NAME	<i>Delete from list</i>
STREET ADDRESS	7800 BELFORT PKWY 100	43 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	44 CITY - ST - ZIP	
TITLE	VD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER III, A. CHESTER	52 NAME	
STREET ADDRESS	3347 PONCE DE LEON AVE.	53 STREET ADDRESS	<i>121 W. Forsyth St.</i>
CITY - ST - ZIP	JACKSONVILLE FL	54 CITY - ST - ZIP	<i>JACKSONVILLE, FLORIDA 32202</i>
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - 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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE: *[Signature]* 4/28/95 904-356-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #