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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DOCUMENT #

DIVISION OF CORPORATIONS P93000008841 (7)

| 1. Corporation | C AND SEWER, INC. | (0) | | | |
|--------------------------------------|---|--|---|---|--|
| Principal Place of Business | | Mailing Address | | | I MDIŞT MOŞIY MÖYÜL IMIĞI IMILI DINBE INDİ 1888 |
| 17550 CAPPER LANE ESTERO FL 33928 | | 17550 CAPPER LANE ESTERO FL 33928 | | | |
| | | | | 3. Date Incorporated or Qualified 01/29/1993 | 3a. Date of Lest Report 05/01/1995 |
| 2. Principal Place of Business | | 2a. Mailing Address 26 | | 4. FEI Number 65-0392800 | Applied For Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | · · · · · · · · · · · · · · · · · · · | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29] | Country 30 | This corporation has liability for in Florida Statutes | intangible tax under s 199.032, ☐ No |
| | 9. Name and Address of Curre | nt Registered Agent | | 10. Name and Address of New R | legistered Agent |
| 17550 (ESTER(| R, DAVID J CAPPER LANE D FL 33928 | 2 oor COV 15 (0) Florido (1) 100 | 83 84 City | dress (P.O. Box Number is Not Acceptab | FL 85 Zip Code |
| or register familiar wi | ed agent, or both, in the State of Flor th, and accept the obligations of, Sec Signature, speed or profed name of registered agen | ida. Such change was authorized Jon 607.0505, Florida Statutes. | , me above-named corpi d by the corporation's bo | ard of directors. I hereby accept the appo | pose of changing its registered office pintment as registered agent. I am |
| 12. | | ID DIRECTORS | 1 13. | ADDITIONS/CHANGES TO OFFI | |
| TITLF | P | [] DECETE | 1. 1 TITLE | | Change Addition |
| NAME | CASTER, DAVID J. | | 1.2 NAME. | | - - - |
| STREET ADDRESS | 17550 CAPPER LANE | | 13 STHEET ADDRESS | | |
| CITY-ST-ZIP | ESTERO FL | | 14 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELFTE | 2 1 THILE | | 5 Change ☐ Addition |
| NAME | WARNER, JIMMY R. | | 2.2 NAME | | • |
| STREET ADDRESS | 17550 COPPER LANE | | 2.3 STREET ADDRESS | 17550 CAPPER O | LANE |
| CITY-ST-ZIP | ESTERO FL | | 2.4.0/TY-ST-Z/P | | |
| - met | ST | ☐ DELETE | 3 1 THILE | | Change Addition |
| NAME | CASTER, JANET A | | 3.2 NAME | | |

6.4 CHTV - 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIF

4.4 City - ST- Zip

34 CITY-ST-ZIP

4 1 TITLE

4.2 NAME

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

SIGNATURE: (

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

17550 CAPPER LANE

ESTERO FL

STEENING OF FICE OF DIRECTOR A, Caster 4-30-96

DELFTE

DELETE

DELETE

Change

Change

Change

Addition

☐ Addition

☐ Addition