

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

**FILED**

**Mar 26 1997 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P94000033034 (7)**

1. Corporation Name  
**SWEETWATER ENVIRONMENTAL, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>35139 NASHUE BLVD<br/>SOMENTO FL 32776<br/>US</b> | Mailing Address<br><b>3869 WATERCREST DR.<br/>LONGWOOD FL 32779-2359</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>04/29/1994</b> | 3a. Date of Last Report<br><b>03/04/1996</b> |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 <b>3869 Watercrest Dr</b><br>Suite, Apt #, etc. | 2a. Mailing Address<br>26<br>Suite, Apt #, etc. |
| 22 <b>Longwood, FL</b><br>City & State   | 27<br>City & State                              |
| 23<br>Zip<br>24 <b>32779-2359</b>  | 25<br>Country<br>25 <b>USA</b>                  |

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>58-2153903</b>  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
**HAMMOND, GARY V  
3869 WATERCREST DR.  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

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: \_\_\_\_\_  
Signature typed or printed below of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                            | DELETED                  |
|----------------------------|----------------------------|--------------------------|
| TITLE                      | <b>PST</b>                 | <input type="checkbox"/> |
| NAME                       | <b>HAMMOND, GARY V</b>     |                          |
| STREET ADDRESS             | <b>3869 WATERCREST DR.</b> |                          |
| CITY - ST - ZIP            | <b>LONGWOOD FL</b>         |                          |
| TITLE                      |                            | <input type="checkbox"/> |
| NAME                       |                            |                          |
| STREET ADDRESS             |                            |                          |
| CITY - ST - ZIP            |                            |                          |
| TITLE                      |                            | <input type="checkbox"/> |
| NAME                       |                            |                          |
| STREET ADDRESS             |                            |                          |
| CITY - ST - ZIP            |                            |                          |
| TITLE                      |                            | <input type="checkbox"/> |
| NAME                       |                            |                          |
| STREET ADDRESS             |                            |                          |
| CITY - ST - ZIP            |                            |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | Change                   | Addition                 |
|---|--|--------------------------|--------------------------|
| 1.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME  |  |                          |                          |
| 1.3 STREET ADDRESS                                    |  |                          |                          |
| 1.4 CITY - ST - ZIP                                   |  |                          |                          |
| 2.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME  |  |                          |                          |
| 2.3 STREET ADDRESS                                    |  |                          |                          |
| 2.4 CITY - ST - ZIP                                   |  |                          |                          |
| 3.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME  |  |                          |                          |
| 3.3 STREET ADDRESS                                    |  |                          |                          |
| 3.4 CITY - ST - ZIP                                   |  |                          |                          |
| 4.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME  |  |                          |                          |
| 4.3 STREET ADDRESS                                    |  |                          |                          |
| 4.4 CITY - ST - ZIP                                   |  |                          |                          |
| 5.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME  |  |                          |                          |
| 5.3 STREET ADDRESS                                    |  |                          |                          |
| 5.4 CITY - ST - ZIP                                   |  |                          |                          |
| 6.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME  |  |                          |                          |
| 6.3 STREET ADDRESS                                    |  |                          |                          |
| 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 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.

SIGNATURE: **GARY V. HAMMOND** DATE: **3-18-97** DAYTIME PHONE #: **407-322-7212**

CR2E034 (9/96)