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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000075766 (3)

FLORIDA STORMWATER TREATMENT, INC.

Principal Place of Business 109 NORTHBROOK LANE ORMOND BEACH FL 32174

Mailing Address

109 NORTHBROOK LANE ORMOND BEACH FL 32174-3949

FILED May 16 1997 8:00am Secretary of State

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	CHANGE	<i>"</i>		 Date Incorporated or Qualified 10/12/1994 	3a. Date of Last Re 08/15/1996	eport
··· م مُحدده و ···	lace of Business	2a. Mailing Address	. 41 - 5	4. FEI Number		olied For
	VAUTICAL DRIVE		AL DRIVE	59-3273256		Applicable
Suite Apt. 22		Suile, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	
City & Stat 23 ろうじ]	TH DAYTONA, FL	·• ····· · · · · · · · · · · · · · · ·	TONA, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	•
24 32	119 25 VOLUSIA		Country 30 VOLUSIA		Yes No	199.032,
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	DER, JOHN E JR		J Name J	dhu e vedder	JP,	
109 NORTHBROOK LANE			82 Street Add	lress (P.O. Box Number is Not Acceptab	le)	
URIN	MOND BEACH FL 32174	CHANGE	83 13-			
			03 17	1 NAUTICAL DI	21VE	
			84 City	TO TAKE	FL 85 32	ode
	4.0	- 1003 4500 Flacida 044 Ja	1 500	IT PHY ION H		
office or i	registered agent, or both, in the State of	Florida Such change was a	uthorized by the coroors	poration submits this statement for the pation's board of directors. I hereby accept	ourpose or changing its of the appointment as i	registerea registered
agent Fa	am familiar with, and accept ne obligati	ons of, Section 607.0505, Flo	rida Statutes		1 0-	<u>,</u>
SIGNATURE	XXXXX			9	-25-97	
	Sognation of proved rank of registered agent OFFICERS AND		: Reg stered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	DATE	
12.	OFFICERS AND	X DELETE	13.	ADDITIONS/CHANGES TO OFFIC		
					I I Change	
	ACDULA TORRE TO	N OILE IL	1.1 TITLE		☐ Change	Addition
NAMÉ	VEDDER, JOHN E JR	A otten	1.2 NAME		∟ Change	
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NAME STREET ADDRESS CITY - ST - ZIP	109 NORTHBROOK LANE ORMOND BEACH FL 32174		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<u>-</u> * * * •	
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Larn 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 t changed, or on an attachment with an address.

SIGNATURE:

904 760-1628