

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 134537 (0)

1. Corporation Name

UNITED WATER FLORIDA, INC.



Principal Place of Business

Mailing Address

**1400 MILCOE ROAD
200 OLD HOOK ROAD
HARRINGTON PARK NJ 07640
US**

**C/O UNTD. WATER RE. - ATTN:GW ACCTING MAN
200 OLD HOOK ROAD
HARRINGTON PARK NJ 07640**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 **JACKSONVILLE FL**

28 City & State

24 Zip **32225** 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/05/1937

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1053258

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 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

Signature, typed or printed name of registered agent and the date of appointment.

(If not, the registered agent signature required when not changing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TD**
BOYLE, JOSEPH V
STREET ADDRESS **200 OLD HOOK ROAD**
CITY - ST - ZIP **HARRINGTON PARK NJ**

TITLE ☐ DELETE

NAME **PD**
BYCARD, W J
STREET ADDRESS **200 OLD HOOK ROAD**
CITY - ST - ZIP **HARRINGTON PARK NJ**

TITLE ☐ DELETE

NAME **S**
SHAKLEY, ALLAN D.
STREET ADDRESS **200 OLD HOOK ROAD**
CITY - ST - ZIP **HARRINGTON PARK NJ**

TITLE ☐ DELETE

NAME **S**
HULMES, W L
STREET ADDRESS **656 E. SWEDES FORD RD STE 206**
CITY - ST - ZIP **WAYNE PA**

TITLE ☒ DELETE

NAME **AS**
DAVIDSON, PATRICIA
STREET ADDRESS **200 OLD HOOK ROAD**
CITY - ST - ZIP **HARRINGTON PARK NJ**

TITLE ☐ DELETE

NAME **VD**
JOHNSTONE, R E
STREET ADDRESS **656 E. SWEDES FORD RD. SUITE 206**
CITY - ST - ZIP **WAYNE PA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **JOHN J. TURNER**

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **RICHARD A. HENSCH**

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 199.07(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.

SIGNATURE: **Allan D. Shakley** **ALLAN D. SHAKLEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 **201-767-2897**
DATE DAY/MONTH/YEAR PHONE

CR2E034 (12/95)