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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 184396

(0)

1. Corporation Name

UNITED WATER SOUTH GATE INC.

Principal Place of Business

2746 SIESTA DR
SARASOTA FL 34239
US

Mailing Address

C/O UNTD. WATER RE. - ATTN:GW ACCTING MAN.
200 OLD HOOK ROAD
HARRINGTON PARK NJ 07640-1716



3. Date Incorporated or Qualified
04/07/1955

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

4. FEI Number

59-0803703

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HEIL, PHIL	
STREET ADDRESS	P.O. BOX 8004, 1400 MILLGATE RD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DEMICO, FRANK J.	
STREET ADDRESS	200 OLD HOOK RD	
CITY - ST - ZIP	HARRINGTON PARK NJ	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HULMES, W.L.	
STREET ADDRESS	200 OLD HOOK RD	
CITY - ST - ZIP	HARRINGTON PARK NJ	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TURNER, JOHN J.	
STREET ADDRESS	200 OLD HOOK RD	
CITY - ST - ZIP	HARRINGTON PARK NJ	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENSCH, RICHARD A.	
STREET ADDRESS	200 OLD HOOK RD	
CITY - ST - ZIP	HARRINGTON PARK NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHAKLEY, ALLAN D.	
STREET ADDRESS	200 OLD HOOK RD	
CITY - ST - ZIP	HARRINGTON PARK NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MUNIPALLI, SAMBAMURTHI
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D CHARDEVROYNE, DAVID E.
2.3 STREET ADDRESS	200 OLD HOOK RD.
2.4 CITY - ST - ZIP	HARRINGTON PARK, NJ 07640
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Allan D. Shakley ALLAN D. SHAKLEY

1/27/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)