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Jan 31 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 # 209646 (9)

1. Corporation Name
SOUTHERN WATER CONTRACTORS INC



Principal Place of Business
**P O BOX 1147
BOCA GRANDE FL 33921**

Mailing Address
**P O BOX 1147
BOCA GRANDE FL 33921-1147**

3. Date Incorporated or Qualified
02/06/1958

3a. Date of Last Report
01/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

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4. FEI Number
59-0825072

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

10. Name and Address of New Registered Agent

**CAMPO, DANIEL E
110 DAMIFINO
BOCA GRANDE 33921**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
**PD
CAMPO, DANIEL E**

1.2 NAME

STREET ADDRESS
110 DAMIFINO

1.3 STREET ADDRESS

CITY-ST-ZIP
BOCA GRANDE FL

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
**VP
CAMPO, RAMON FO**

2.2 NAME

STREET ADDRESS
1605 COTTAGEWOOD

2.3 STREET ADDRESS

CITY-ST-ZIP
BRANDON FL

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
**VP
CAMPO, RAMON FO**

3.2 NAME

STREET ADDRESS
1605 COTTAGEWOOD

3.3 STREET ADDRESS

CITY-ST-ZIP
BRANDON FL

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
**VP
CAMPO, RAMON FO**

4.2 NAME

STREET ADDRESS
1605 COTTAGEWOOD

4.3 STREET ADDRESS

CITY-ST-ZIP
BRANDON FL

4.4 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:

Daniel E. Campo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel E. Campo

1/26/97
Date

(941) 964-0554
Daytime Phone #

CR2E034 (9/96)