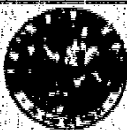


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 7:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 341487

(7)

1. Corporation Name

HOBE SOUND WATER COMPANY

Principal Place of Business

**BOX 68
RIVER RD.
HOBE SOUND FL 33475-0068**

Mailing Address

**BOX 68
RIVER RD.
HOBE SOUND FL 33475-0068**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/12/1969

3a. Date of Last Report

04/26/1994

4. FEI Number

59-1233001

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BEDWELL, ANN
ESTRADA RD
HOBE SOUND FL 33455**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REED, NATHANIEL
STREET ADDRESS	RIVER RD
CITY-ST-ZIP	HOBE SOUND, FL 00000
TITLE	V
NAME	REED, ADRIEN P.
STREET ADDRESS	BEACH RD
CITY-ST-ZIP	HOBE SOUND, FL 00000
TITLE	VD
NAME	STANLEY, THOMAS B
STREET ADDRESS	BLACK BEAR TRAIL
CITY-ST-ZIP	HOBE SOUND, FL 00000
TITLE	S
NAME	BEDWELL, ANN
STREET ADDRESS	ESTRADA RD
CITY-ST-ZIP	HOBE SOUND, FL 00000
TITLE	VD
NAME	CARFINE, MICHAEL
STREET ADDRESS	20 WINDSOR
CITY-ST-ZIP	TEQUESTA FL
TITLE	V
NAME	ST ONGE, DON
STREET ADDRESS	RIVER RD
CITY-ST-ZIP	HOBE SOUND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
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 110.07(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 address.

SIGNATURE: X

MICHAEL AL CARFINE

X **3-23-95** X

(Date)

(Signature of Agent)