

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
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98 MAR 12 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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

DOCUMENT # 561709 (7)
 1. Corporation Name
WATER AND SEWER UTILITY CONSTRUCTION, INC.
REINSTATEMENT

Principal Place of Business Mailing Address
9001 NOROAD JACKSONVILLE 32210 **9001 NOROAD JACKSONVILLE 32210-6105**
A. Alan 3/12/98



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/10/1978	06/25/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-1818582	Not Applicable
24 Country		30 Country		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	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RODGERS, JOHN L 9079 NOROAD JACKSONVILLE FL 32210				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 *John L Rodgers* DATE **4-21-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	400002456744-4
NAME	RODGERS, JOHN L	1.2 NAME	-03/13/98--01072--008
STREET ADDRESS	9079 NOROAD	1.3 STREET ADDRESS	****585.00 ****585.00
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	400002456744-4
NAME	RODGERS, LAURA S	2.2 NAME	-03/13/98--01072--009
STREET ADDRESS	9007 NOROAD	2.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	400002456744-4
NAME		3.2 NAME	-03/13/98--01072--010
STREET ADDRESS		3.3 STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *John L Rodgers* DATE: **4-21-97** (904) 778-4516

CR2E034 (9/96)