FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 98 MAR 12 PH 2: 00 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 561709 WATER AND SEWER UTILITY CONSTRUCTION, INC. Principal Place of Business **9001 NOROAD** 9001 NOROAD JACKSONVILLE 32210 JACKSONVILLE 32210-6105 3. Date Incorporated or Qualified 3a. Date of Last Report 03/10/1978 06/25/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1818582 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RODGERS. JOHN L 9079 NOROAD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32210 83 A4 City 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 afform the obligations of, Section 607.0505, Florida Statutes. 71-98 (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 400002456799 UAD DELETE TITLE 1.1 TITLE RODGERS, JOHN L NAME 1.2 NAME -03/13/98--01072 --008 9079 NOROAD STREET ADDRESS 1.3 STREET ADDRESS ****585.00 ****585.00 JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE RODGERS, LAURA S 2.2 NAME 400002456744--4 NAME 9007 NOROAD 2.3 STREET ADDRESS STREE ADDRESS -03/13/98---01072--009 JACKSONVILLE FL 2.4 CITY-ST-ZIP ****165.00 CITY DELETE TITLE 3.1 TITLE Change **400002456744**---03/13/98--01072--010 NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS ****150.00 ****150.00 CITY-ST-ZIP 3.4. C(1Y - ST - Z(P DELETE Change TITLE 4.1 TITLE 4. 2 NAME NAM 4.3 STREET ADDRESS STREET ADDRESS CITY 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

CICNATURE.

STREET ADDRESS 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 trusted 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 original ment with an address. 11111

4-21-97

(904) 27845 (L

CR2E034