FILE NOW: FILING FEE IS $61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90149 001 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706788

1. Corporation Name

FLORIDA WATER & POLLUTION CONTROL OPERATORS ASSOCIATION INCORPORATED

Principal Place of Business	Mailing Address
101 H SEA OATS DR JUNO BCH FL 33408 US	P.O. BOX 109602 PALM BEACH GARDENS FL 33410 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/03/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2780778 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BISHOP, RIM 101 H SEA OATS DR JUNO BCH FL 33408	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE RB Rim Bishop 1/5/99
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	ST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BISHOP, RIM		1.2 NAME		
STREET ADDRESS	101 H SEA OATS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUNO BCH FL 33408		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE	V	☑ Change ☐ Addition
NAME	KAMIEN, TED		2.2 NAME	Ted Kamien	
STREET ADDRESS	8941 SE SANDCASTLE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOBESOUND FL 33455		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	P	☑ Change ☐ Addition
NAME	SHOUP, MARK		3.2 NAME	Mark Shoup	
STREET ADDRESS	712 ALABAMA AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL 34769		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	STP	☑ Change ☐ Addition
NAME	SAEY, ARTHUR		4.2 NAME	Arthur Saey	
STREET ADDRESS	6551 NE 20TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33308		4.4 CITY-ST-ZIP		
TITLE	DPP	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	STENBERG, RICHARD		5.2 NAME	Donovan, Phil	
STREET ADDRESS	3900 FIRST LANE		5.3 STREET ADDRESS	1900 2nd Avenue North	
CITY-ST-ZIP	VERO BEACH FL		5.4 CITY-ST-ZIP	Lakeworth, FL 33461	
TITLE	P	☐ DELETE	6.1 TITLE	DPP	☑ Change ☐ Addition
NAME	SORAH, GRADY		6.2 NAME	Grady Sorah	
STREET ADDRESS	5911 ACLAVISTA DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTAGORDA FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. *I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.*

SIGNATURE: SIGNATURE REQUIRED 1/5/99 (561)627-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #