FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:58

DOCUMENT # 706886 (9)

1. Corporation Name
HUDSON WATER WORKS, INC.

Principal Place of Business	Mailing Address
14309 OLD DIXIE HWY HUDSON FL 34667	14309 OLD DIXIE HWY HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1964
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1382465 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DETROY, MICHAEL - Treasurer
13635 STACEY DR.
HUDSON FL 34667

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	☒ Change	☐ Addition
NAME	RUFFER, NANCE	1.2 NAME	Ruffer, Nancy	
STREET ADDRESS	7109 MCCRAY DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 00000	1.4 CITY-ST-ZIP	Hudson, FL 34667	
TITLE	D	2.1 TITLE	☒ Change	☐ Addition
NAME	PARMAN, WILLIAM	2.2 NAME		
STREET ADDRESS	13914 RAIE AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 00000	2.4 CITY-ST-ZIP	Hudson, FL 34667	
TITLE	T	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	DETROY, MICHAEL	3.2 NAME	McIntyre, John	
STREET ADDRESS	13635 STACEY DR.	3.3 STREET ADDRESS	13621 Claudia Ave.	
CITY-ST-ZIP	HUDSON, FL 00000	3.4 CITY-ST-ZIP	Hudson, FL 34667	
TITLE	D	4.1 TITLE	☒ Change	☐ Addition
NAME	SIBLEY, ROY	4.2 NAME		
STREET ADDRESS	13931 MARGO VENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 00000	4.4 CITY-ST-ZIP	Hudson, FL. 34667	
TITLE	D	5.1 TITLE	☒ Change	☐ Addition
NAME	KNOWLES, KENNETH	5.2 NAME		
STREET ADDRESS	6829 HUDSON AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 00000	5.4 CITY-ST-ZIP	Hudson, FL 34667	
TITLE	P	6.1 TITLE	☒ Change	☐ Addition
NAME	MCCART, CRAIG	6.2 NAME		
STREET ADDRESS	14308 HENDRY CT.	6.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 00000	6.4 CITY-ST-ZIP	Hudson, FL. 34667	

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 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.

SIGNATURE: [signature] 1/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067837