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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90072 004 ****70.00

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 706886

1. Corporation Name

HUDSON WATER WORKS, INC.

Principal Place of Business

14309 OLD DIXIE HWY
 HUDSON FL 34667

Mailing Address

14309 OLD DIXIE HWY
 HUDSON FL 34667



| | | | | | |
|--|--|------------------------|--|-----------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 02/25/1964 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-1382465 | |
| 24 Country | | 29 Country | | 30 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing <input type="checkbox"/> | | | | \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

DETROY, MICHAEL
13635 STACEY DR.
HUDSON FL 34667

10. Name and Address of New Registered Agent

| | | |
|---|-----------------|----|
| 81 Name | GARCIA, JOHN | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 83 | 13915 Raie Ave. | |
| 84 City | Hudson | FL |
| 85 Zip Code | 34667 | |

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 John Garcia John Garcia, Vice President DATE 2/15/99
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 <input type="checkbox"/> DELETE | 1.1 TITLE | Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RUFFER, NANCY | 1.2 NAME | Fleece, William |
| STREET ADDRESS | 7109 MCCRAY DR | 1.3 STREET ADDRESS | 7114 Fair Lane |
| CITY-ST-ZIP | HUDSON FL | 1.4 CITY-ST-ZIP | Hudson, FL 34667 |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GARCIA, JOHN | 2.2 NAME | Kramer, William |
| STREET ADDRESS | 13915 RAIE AVE | 2.3 STREET ADDRESS | 5929 Beverly Dr. |
| CITY-ST-ZIP | HUDSON FL | 2.4 CITY-ST-ZIP | Hudson, FL 34667 |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DETROY, MICHAEL | 3.2 NAME | |
| STREET ADDRESS | 13635 STACEY DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HUDSON, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIBLEY, ROY | 4.2 NAME | |
| STREET ADDRESS | 13931 MARGO VENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HUDSON FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNOWLES, KENNETH | 5.2 NAME | |
| STREET ADDRESS | 6829 HUDSON AVE. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | HUDSON FL | 5.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCART, CRAIG | 6.2 NAME | |
| STREET ADDRESS | 14306 HENDRY CT. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | HUDSON FL | 6.4 CITY-ST-ZIP | |

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: Craig McCart SIGNATURE REQUIRED Craig McCart, President 2/15/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)