

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 707093 (1)  
1. Corporation Name  
FLORIDA WATER ENVIRONMENT ASSOCIATION, INC.



|                                                                              |                        |                                                                                         |                                                                     |
|------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business                                                  |                        | Mailing Address                                                                         |                                                                     |
| 1822 WATERBURY LANE<br><del>P.O. BOX 706</del><br>ORANGE PARK FL 32073<br>US |                        | 1822 WATERBURY LANE<br><del>P.O. BOX 706</del><br>ORANGE PARK FL 32073<br>US            |                                                                     |
| 2. Principal Place of Business                                               | 2a. Mailing Address    | 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report                                             |
| 21 1822 WATERBURY                                                            | 26                     | 04/01/1964                                                                              | 02/21/1995                                                          |
| 22 Suite, Apt. #, etc.                                                       | 27 Suite, Apt. #, etc. | 4. FEI Number                                                                           | Applied For                                                         |
| 23 City & State                                                              | 28 City & State        | 23-7127443                                                                              | Not Applicable                                                      |
| 24 Zip                                                                       | 25 Country             | 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required                                      |
| 29                                                                           | 30                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                            | \$5.00 May Be Added to Fees                                         |
|                                                                              |                        | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> <input checked="" type="checkbox"/>        |
|                                                                              |                        | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|                                                                  |  |                                                       |  |
|------------------------------------------------------------------|--|-------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                  |  | 10. Name and Address of New Registered Agent          |  |
| KARNEY, PATRICK T<br>1822 WATERBURY LANE<br>ORANGE PARK FL 32073 |  | 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

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                      | ED                                  | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KARNEY, PATRICK T                   | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 1822 WATERBURY LANE                 | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | ORANGE PARK FL                      | 1.4 CITY-ST-ZIP                                       | 32073                                                                        |
| TITLE                      | D                                   | 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BABER, T. M.                        | 2.2 NAME                                              | DAVID W. PICKARD                                                             |
| STREET ADDRESS             | 8850 GOODBY'S DRIVE                 | 2.3 STREET ADDRESS                                    | 2700 NAUTIME BLVD.                                                           |
| CITY-ST-ZIP                | JACKSONVILLE FL                     | 2.4 CITY-ST-ZIP                                       | TAMPA, FL 33605                                                              |
| TITLE                      | PD                                  | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BAIRD, JAMES.                       | 3.2 NAME                                              | PP                                                                           |
| STREET ADDRESS             | P.O. BOX 41629 NA                   | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | JACKSONVILLE FL                     | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | SD                                  | 4.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LOGUE, CHARLES L.                   | 4.2 NAME                                              | DONALD G. MUNKSGAARD                                                         |
| STREET ADDRESS             | 2221 BUCKMAN ST.                    | 4.3 STREET ADDRESS                                    | 1601 BELVEDERE RD, STE. 211                                                  |
| CITY-ST-ZIP                | JACKSONVILLE FL                     | 4.4 CITY-ST-ZIP                                       | WEST PALM BEACH, FL 33406                                                    |
| TITLE                      | VD                                  | 5.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FREDERICKS, DOUGLAS W.              | 5.2 NAME                                              | P                                                                            |
| STREET ADDRESS             | 2701 N. ROCKY POINT DR.W. SUITE 800 | 5.3 STREET ADDRESS                                    | ONE TAMPA CENTRAL, STE. 1750                                                 |
| CITY-ST-ZIP                | TAMPA FL                            | 5.4 CITY-ST-ZIP                                       | TAMPA, FL 33602                                                              |
| TITLE                      | TD                                  | 6.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GUTRIDGE, SAM                       | 6.2 NAME                                              | VP                                                                           |
| STREET ADDRESS             | 4906 US 27 SOUTH                    | 6.3 STREET ADDRESS                                    | PO BOX 3446                                                                  |
| CITY-ST-ZIP                | SEBRING FL                          | 6.4 CITY-ST-ZIP                                       | 33871                                                                        |

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK T. KARNEY 1/31/96 904/269

Daytime Phone

CR2E037 (12/95)