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
[illegible]

DOCUMENT # 740725 (7)

1. Corporation Name

FLORIDA WATERWORKS ASSOCIATION, THE FLORIDA CHAP TER OF THE NATIONAL ASSOCIATION OF WATER COMPANI

Principal Place of Business	Mailing Address
2548 BLAIRSTONE PINES DR P.O. BOX 4268 TALLAHASSEE FL 32315	2548 BLAIRSTONE PINES DR P.O. BOX 4268 TALLAHASSEE FL 32315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1977
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-1086752 ☐ 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

ROSE, R.M.C.
2548 BLAIRSTONE PINES DR
TALLAHASSEE FL 32301

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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	TEASLEY, KARLA OLSON	1.2 NAME	
STREET ADDRESS	1000 COLOR PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, J. PETER	2.2 NAME	
STREET ADDRESS	101 NW 202 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	DETERDING, MARSHALL F	3.2 NAME	
STREET ADDRESS	2548 BLAIRSTONE PINES	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HEIL, PHILIP	4.2 NAME	
STREET ADDRESS	644 CESERY BLVD., #108	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	~~BRADTMILLER, PAUL~~	5.2 NAME	James W. Moore
STREET ADDRESS	~~4937 SWIFT ROAD, #100~~	5.3 STREET ADDRESS	P.O. Box 350 - N/A
CITY-ST-ZIP	~~SARASOTA FL~~	5.4 CITY-ST-ZIP	Estero, FL 33928-0350
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	~~TODD, ROBERT P~~	6.2 NAME	G.W. Whitmire, Jr.
STREET ADDRESS	~~81 0 FOURTH STREET~~	6.3 STREET ADDRESS	200 N. Laura St., 10th Floor
CITY-ST-ZIP	~~FERNANDINA BEACH FL~~	6.4 CITY-ST-ZIP	Jacksonville, FL 32202

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption affred 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: _____ (904) 877-6555
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
F. Marshall Deterding, V.P.
Date Daytime Phone #

0027751