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

APPROVED AND FILED
95 MAY -1 PM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759200 (9)

1. Corporation Name
1774 WATER COOPERATIVE, INC.

Principal Place of Business	Mailing Address
5656 BERMONT RD PO BOX 309 PUNTA GORDA FL 33951-0309	5656 BERMONT RD PO BOX 309 PUNTA GORDA FL 33951-0309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1981
3a. Date of Last Report: 07/06/1994
4. FEI Number: 59-1501038 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 28200 Bermont Road	26
Suite, Apt. #, etc. 22 P. O. Box 309	Suite, Apt. #, etc. 27
City & State 23 Punta Gorda, Florida	City & State 28
Zip / Country 24 33951-0309 / 25	Zip / Country 29 / 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEPLONTY, DUANE E 3852 SPY GLASS HILL RD. SARASOTA FL 33583	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4430 Staghorn Lane 83 84 City Sarasota FL 85 Zip Code 34238

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 _____
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	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	DEPLONTY, DUANE E	1.2 NAME		
STREET ADDRESS	3852 SPY GLASS HILL RD.	1.3 STREET ADDRESS	4430 Staghorn Lane	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	DEPLONTY, JOAN	2.2 NAME		
STREET ADDRESS	3852 SPY GLASS HILL RD.	2.3 STREET ADDRESS	4430 Staghorn Lane	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	STD	3.1 TITLE		☒ Change ☐ Addition
NAME	CLARK, CAROL E.	3.2 NAME		
STREET ADDRESS	5900 PURDY LN.	3.3 STREET ADDRESS	5906 Purdy Lane	
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Duane E DePlonty Duane E. DePlonty 04/25/95 813-639-0663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00011101