FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB 17 PM 2:
SECRETARY OF STA
TALLAHASSE

DOCUMENT # F55758 (9)

1. Corporation Name
HACIENDA TREATMENT PLANT, INC.

Principal Place of Business	Mailing Address
~~3750 BONITA BAY BLVD SW~~ BONITA SPGS FL 33923	~~3750 BONITA BAY BLVD SW~~ BONITA SPGS FL 33923

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 4811 Island Pond Ct.	26 4811 Island Pond Ct.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Bonita Springs, Fl	City & State 28 Bonita Springs, Fl
Zip / Country 24 33923 / 25 USA	Zip / Country 29 33923 / 30 USA

3. Date Incorporated or Qualified: 11/23/1981
3a. Date of Last Report: 06/07/1994
4. FEI Number: 59-2158694 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, BRAD
~~3750 BONITA BAY BLVD.~~
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4811 Island Pond Ct.
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 _____ (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	☐ Change ☐ Addition
NAME	BROWN, CAROLYN M	12 NAME	
STREET ADDRESS	3750 BONITA BAY BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 00000	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	BROWN, ROBERT G	22 NAME	
STREET ADDRESS	3750 BONITA BAY BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 00000	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	BROWN, BRETT (ASST.S)	32 NAME	
STREET ADDRESS	3750 BONITA BAY BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	BROWN, BRAD	42 NAME	
STREET ADDRESS	9843 TREASURE CAY LN.	43 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn M. Brown CAROLYN M. BROWN 2/13/95 813-947-9211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

034000 CR