


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 04 1997 8:00am  
Secretary of State

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997   |   |         |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| DOCUMENT # F73226 (5)<br>1. Corporation Name<br>WATER/WASTEWATER SYSTEMS, INC.  |   |  |  |  |  |
| Principal Place of Business<br>4808 NORTH HALE STREET<br>TAMPA FL 33614   |   |  | Mailing Address<br>4808 NORTH HALE STREET<br>TAMPA FL 33614-6518   |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |   | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |  | 3. Date Incorporated or Qualified<br>03/15/1982<br>3a. Date of Last Report<br>04/05/1996<br>4. FEI Number<br>59-2177513<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br>TAMPLIN, JAMES M.<br>4808 N HALE ST.<br>TAMPA FL 33614   |   |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____<br>(NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |  |  |  |
| 12. OFFICERS AND DIRECTORS  |   |  |  |  |  |
| TITLE   | PT  | <input type="checkbox"/> DELETE  |  |  |  |
| NAME  | TAMPLIN, JAMES M  |  |  |  |  |
| STREET ADDRESS  | 4808 NORTH HALE STREET  |  |  |  |  |
| CITY-ST-ZIP   | TAMPA, FL 00000   |  |  |  |  |
| TITLE   | S   | <input type="checkbox"/> DELETE  |  |  |  |
| NAME  | LEWIS, BETTY M.   |  |  |  |  |
| STREET ADDRESS  | 8208 WOODGATE CT.   |  |  |  |  |
| CITY-ST-ZIP   | TAMPA FL  |  |  |  |  |
| TITLE   |   | <input type="checkbox"/> DELETE  |  |  |  |
| NAME  |   |  |  |  |  |
| STREET ADDRESS  |   |  |  |  |  |
| CITY-ST-ZIP   |   |  |  |  |  |
| TITLE   |   | <input type="checkbox"/> DELETE  |  |  |  |
| NAME  |   |  |  |  |  |
| STREET ADDRESS  |   |  |  |  |  |
| CITY-ST-ZIP   |   |  |  |  |  |
| TITLE   |   | <input type="checkbox"/> DELETE  |  |  |  |
| NAME  |   |  |  |  |  |
| STREET ADDRESS  |   |  |  |  |  |
| CITY-ST-ZIP   |   |  |  |  |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |  |  |  |  |
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |
| 1.2 NAME  |   |  |  |  |  |
| 1.3 STREET ADDRESS  |   |  |  |  |  |
| 1.4 CITY-ST-ZIP   |   |  |  |  |  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |
| 2.2 NAME  |   |  |  |  |  |
| 2.3 STREET ADDRESS  |   |  |  |  |  |
| 2.4 CITY-ST-ZIP   |   |  |  |  |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |
| 3.2 NAME  |   |  |  |  |  |
| 3.3 STREET ADDRESS  |   |  |  |  |  |
| 3.4 CITY-ST-ZIP   |   |  |  |  |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |
| 4.2 NAME  |   |  |  |  |  |
| 4.3 STREET ADDRESS  |   |  |  |  |  |
| 4.4 CITY-ST-ZIP   |   |  |  |  |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |
| 5.2 NAME  |   |  |  |  |  |
| 5.3 STREET ADDRESS  |   |  |  |  |  |
| 5.4 CITY-ST-ZIP   |   |  |  |  |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |
| 6.2 NAME  |   |  |  |  |  |
| 6.3 STREET ADDRESS  |   |  |  |  |  |
| 6.4 CITY-ST-ZIP   |   |  |  |  |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Betty M. Lewis* 813-875-0428  
3/28/97  
0361044

CR2E034 (9/96)