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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F73226

(5)

| WATER/V  | Nastewater Systems, I   | INC.  |                                 |                                |   |   |
|--|---|---|---------------------------------|--------------------------------|---|---|
| Principal Place of Business Mailing Address 4808 NORTH HALE STREET 4808 NORTH HALE STREET TAMPA FL 33614 TAMPA FL 33614-6518 |   |   |                                 |                                | 1 1891/199 Mill 19484 111/19 FEEE 114/18 94/1 8 | 1211 <b>416</b> 11 <b>216</b> 14 21911 21811 23217 1823 |
|  |   |   |                                 |                                | 3. Date Incorporated or Qualified 03/15/1982    | 3a. Date of Last Report 04/05/1996                      |
| 2. Principal Place of Business   |   | 2a. Mailing Address   | L                               |                                | 4. FEI Number                                   | Applied For   |
| 21   |   | 26  |                                 |                                | 59-2177513                                      | Not Applicable  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   | Suite, Apri. W, etc.            |                                | 5. Certificate of Status Desired                | \$8.75 Additional Fee Required                          |
| City & State   |   | City & State  |                                 | 6. Election Campaign Financing | \$5.00 May Be                                   |   |
| 23   |   | 28  |                                 |                                | Trust Fund Contribution                         | Added to Fees   |
| Ζφ   | Country   | Zip   | Country                         |                                | 8. This corporation has liability for in        | . ~   |
| 24   | 25  |   | 0                               |                                |   | Yes No  |
| TANA   | 9. Name and Address of Currer   | nt Hegistered Agent   | 81 Na                           | me                             | 10. Name and Address of New Reg                 | JISTOFO AGENT   |
| TAMPLIN, JAMES M. 4808 N HALE ST.  |   |   |                                 |                                |   | · .   |
| TAMPA FL 33614   |   |   | <b>82</b> St                    | eet Addre                      | ss (P.O. Box Number is Not Acceptab             | le)   |
| 17400  |   |   | 83                              | ···                            |   |   |
|  |   |   | <b>84</b> Cit                   | у                              |   | FL 85 Zip Code  |
| 11. Pursuant l   | to the provisions of Sections 607.050   | 02 and 607.1508, Florida Statutes                                       | , the a ove-nar                 | ned corpo                      | oration submits this statement for the p        | urpose of changing its registered                       |
| office or n<br>agent I ar  | egistered agent, or both, in the State<br>m familiar with, and accept the oblig | e of Florida. Such change was au<br>Jalions of, Section 607.0505, Flori | thorized by the<br>da Stalites. | corporatio                     | on's board of directors. I hereby accep         | t the appointment as registered                         |
| SIGNATURE  | ,   |   | Ţ                               |                                |   |   |
| ***************************************  | Signature hyped or punted name of registered ag-                                |   |                                 | nature require                 | d when reinstating)                             | DATE  |
| 12.  | PT OFFICERS AN  | ID DIRECTORS  | 13.                             | ····                           | ADDITIONS/CHANGES TO OFFIC                      |   |
| H1.6   | TAMPLIN, JAMES M  | ☐ DELETE  | 1.1 TITLE                       | 1                              |   | Change Addition   |
| NAME   | 4808 NORTH HALE STREET  |   | 1.2 NAME                        |                                | r · ·   |   |
| STREET ADDRESS   | TAMPA, FL 00000   |   | 1 3 STREET ADOP                 | 122                            | :"  |   |
| CITY-ST-70°  | S   | DELETE  | 1.4 City+ST-ZiP<br>2.1 Title    |                                |   | Change Addition   |
| NAME   | LEWIS, BETTY M.   | □ ottete  | 2.2 NAME                        |                                |   | i -   |
| STREET ADORESS   | 8208 WOODGATE CT.   |   | 2.3 STREET ADDR                 | rce                            |   |   |
| City-St-ZiP  | TAMPA FL  |   | 2.4 City-St-Zi                  |                                |   | Í   |
| TITLE  |   | DELETE  | 31 TITLE                        |                                | 100-100   | Change Addition   |
| NAME   |   | •   | 3.2 NAME                        |                                |   |   |
| STREET ADDRESS   |   | 3.3 STREET ADDRESS  |                                 | ESS                            |   |   |
| CITY - S1 - ZIP  |   |   | 3.4 CITY-ST-ZIF                 |                                |   |   |
| TITLE  | DELETE 4.1 TIPLE  |   |                                 |                                | Change Addition                                 |   |
| NAME   |   |   | 4. 2 NAME                       | 1                              |   |   |
| STREET ADDRESS   |   |   | 4.3 STREET ADDR                 | ess                            |   | ļ   |
| DEY-\$1-7/P  |   |   | 4.4 CITY - ST - ZIP             |                                |   |   |
| 1:TLF  |   | ☐ DELE1E  | 51 TiTLE                        | ł                              |   | Change Addition   |
| NAME   |   |   | 5.2 NAME                        | - 1                            |   | l   |
| STREET ADORESS   |   |   | 5.3 STREET ADDR                 |                                |   |   |
| CITY-ST-ZIP  |   | T NOTE TO   | 5.4 CITY - ST - ZIP             |                                |   | Change Address  |
| TITLE  |   | DELETE  | 6.1 TITLE                       | ļ.                             |   | Change Addition   |
| NAME   |   |   | 6.2 NAME                        |                                |   |   |
| STREET ADURESS   |   |   | 6.3 STREET ADDE                 | ESS                            |   |   |
| C(1Y+SI+ZIP  |   |   | 6.4 CITY-ST-ZIP                 |                                |   |   |

14. I do hereby certily that the information supplied with this filing 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 have 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 charged, or on an attachment with an address.

SIGNATURE:

**FILED** 

Apr 04 1997 8:00am

Secretary of State