

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90072 010 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F73226

1. Corporation Name
WATER/WASTEWATER SYSTEMS, INC.

Principal Place of Business
**4808 NORTH HALE STREET
TAMPA FL 33614**

Mailing Address
**4808 NORTH HALE STREET
TAMPA FL 33614**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/15/1982	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2177513	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WHITTEN, HARRY 4808 N HALE ST. TAMPA FL 33614				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V.S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITTEN, HARRY	1.2 NAME	MARY E. WHITTEN
STREET ADDRESS	1028 WILDROSE DR	1.3 STREET ADDRESS	1028 WILDROSE DR
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	LUTZ, FL 33549
TITLE	SAT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P.T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMPLIN, LISA G	2.2 NAME	HARRY WHITTEN
STREET ADDRESS	6927 WILLIAMS DR	2.3 STREET ADDRESS	1028 WILDROSE DR
CITY-ST-ZIP	TAMPA FL 3364	2.4 CITY-ST-ZIP	LUTZ, FL 33549
TITLE	TAS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CHARLENE K	3.2 NAME	Lisa Tamplin
STREET ADDRESS	7 TRADEWINDS CIR	3.3 STREET ADDRESS	6927 WILLIAMS DR
CITY-ST-ZIP	TEQUESTA FL 33469	3.4 CITY-ST-ZIP	Tampa, FL 336
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify 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 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

(813) 870-2856

Date

Daytime Phone #

CR2E034 (11/98)