

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F75393 (1)

1. Corporation Name
AQUATIC AND RIGHT-OF-WAY CONTROL, INC.



Principal Place of Business Mailing Address
140 S. WIGGINS RD 140 S. WIGGINS RD
PLANT CITY FL 33566 PLANT CITY FL 33566-7350

3. Date Incorporated or Qualified 04/06/1982 3a. Date of Last Report 02/21/1996

2. Principal Place of Business 2a. Mailing Address
21 6500 NW 15th Avenue 26 6500 NW 15th Avenue

4. FEI Number 59-2184004 Applied For Not Applicable

22 Suite 300 27 Suite 300

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 Ft. Lauderdale, FL 28 Ft. Lauderdale, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33309 25 US 29 33309 30 US

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

SPIRNOCK, RAYMOND ANDREW
140 S. WIGGINS RD
PLANT CITY FL 33566

81 Name Chesler, Andrew P.
82 Street Address (P.O. Box Number is Not Acceptable) 6500 NW 15th Avenue
83
84 City Ft. Lauderdale FL 85 Zip Code 33309

11. Pursuant to the provisions of Sections 607.0505 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] DATE: [Blank]

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD X DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIRNOCK, RAYMOND AX	1.2 NAME	Chelser, Andrew P.
STREET ADDRESS	140 S. WIGGINS RD	1.3 STREET ADDRESS	6500 NW 15th Avenue
CITY - ST - ZIP	PLANT CITY FL	1.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33309 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST X DELETE	2.1 TITLE	
NAME	SPIRNOCK, SHIRLEY ANN X	2.2 NAME	
STREET ADDRESS	140 S. WIGGINS RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	2.4 CITY - ST - ZIP	
TITLE	MD X DELETE	3.1 TITLE	
NAME	HIGGINS, BETH ANN X	3.2 NAME	
STREET ADDRESS	140 S. WIGGINS RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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: [Signature] 04/25/97 (954) 969-8000

CR2E034 (9/96)