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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G43295** (6)

1. Corporation Name

**RANCH MOBILE WWTP, INC.**



Principal Place of Business

Mailing Address

**6800 150TH AVENUE, NORTH  
CLEARWATER FL 34624-7184**

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CLEARWATER FL 34624-7184**

3. Date Incorporated or Qualified  
**06/13/1983**

3a. Date of Last Report  
**03/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, JOHN T., JR. P.A.  
4508 CENTRAL AVE.  
ST. PETERSBURG FL 33711**

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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **C**  
STREET ADDRESS **REDMAN, PHIL**  
CITY - ST - ZIP **6800 150TH AVE. N.  
CLEARWATER FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Chairman**  
1.3 STREET ADDRESS **COFFIN, W. S., SR.**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **WHITTIER, THEODORE**  
CITY - ST - ZIP **6800 150TH AVE. N.  
CLEARWATER FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **Vice Chairman**  
2.3 STREET ADDRESS **BIRCHER, RALPH L.**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **CRIMMINS, BILL**  
CITY - ST - ZIP **6800 150TH AVE. N.  
CLEARWATER FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS

TITLE ☐ DELETE  
NAME **M**  
STREET ADDRESS **FLYNN, JOSEPH**  
CITY - ST - ZIP **6800 150TH AVE. N.  
CLEARWATER FL 34624**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **Secretary**  
4.3 STREET ADDRESS **KIMBALL, MARY J.**

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **ADAM, THOMAS**  
CITY - ST - ZIP **6800 150TH AVE. N.  
CLEARWATER FL**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **Member-at-large**  
5.3 STREET ADDRESS **MORETTI, ANTONIO**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **RAGSDALE, PAULINE**  
CITY - ST - ZIP **6800 150TH AVE. N.  
CLEARWATER FL**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **Member-at-Large**  
6.3 STREET ADDRESS **FLYNN, JOSEPH G.**

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)(k), 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: **W. S. COFFIN, SR. CHAIRMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/96**

**813 536 3553**

Date

Daytime Phone #

CR2E034 (12/95)