

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

FILED

Jan 21 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **G43295**

(6)

1. Corporation Name

RANCH MOBILE WWTP, INC.

Principal Place of Business

6800 150TH AVENUE, NORTH  
CLEARWATER FL 34624-7184

Mailing Address

6800 150TH AVENUE, NORTH  
CLEARWATER FL 34624-7180

3. Date Incorporated or Qualified

06/13/1983

3a. Date of Last Report

01/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

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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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

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

TITLE	C	<input type="checkbox"/> DELETE
NAME	COFFIN, W. S. S	
STREET ADDRESS	6800 150TH AVE. N.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	BIRCHER, RALPH L	
STREET ADDRESS	6800 150TH AVE. N.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CRIMMINS, BILL	
STREET ADDRESS	6800 150TH AVE. N.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KIMBALL, MARY J	
STREET ADDRESS	6800 150TH AVE. N.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MORETTI, ANTONIO	
STREET ADDRESS	6800 150TH AVE. N.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FLYNN, JOSEPH G	
STREET ADDRESS	6800 150TH AVE. N.	
CITY-ST-ZIP	CLEARWATER FL	

1.1 TITLE	Member-at-Large	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BELL, Teona	
1.3 STREET ADDRESS	6800 150th Ave. N.	
1.4 CITY-ST-ZIP	Clearwater, FL	
2.1 TITLE	Member-at-Large	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GLANCY, JAMES	
2.3 STREET ADDRESS	6800 150th Ave. N.	
2.4 CITY-ST-ZIP	Clearwater, FL	
3.1 TITLE	Member-at-Large	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MOFFAT, JOHN	
3.3 STREET ADDRESS	6800 150th Ave. N.	
3.4 CITY-ST-ZIP	Clearwater, FL	
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		

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: *Ralph L. Bircher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph L. Bircher 1/9/97 813-536-3553

Date Daytime Phone #

CR2E034 (9/96)