FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 07 1998 8:00am FLORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K72190 (7) FLORIDA GROUNDWATER SERVICES, INC. Principal Place of Business Mailing Address 111 SOUTH ARMENIA AVENUE 111 S ARMENIA AVE TAMPA FL 33360 TAMPA FL 33609 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1989 2. Principal Place of Business 2s. Mailing Address Applied For 3019 U.S. Hwy, 301 26 3018 U.S. Hwy. 301 N. 59-2937930 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 100 100 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Halls borou Hi 115 burous 1/20 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TOLBERT, ROBERT D. 111 SOUTH ARMENIA AVENUE 82 **TAMPA FL 33609** 63 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ■ DELETE TOLBERT, ROBERT D JR NAME 1.2 NAME 4204 SAN LUIS ST. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME OTERO, CHARLES A. 2.2 NAME 18218 CLEAR LAKE DRIVE STREET ADDRESS 2.3 STREET ADDRESS LUTZ FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 1171 € Change Addition NAME BONMATI, REYNALD G. 3 2 MAME 142 TEMPLE STREET STREET ADDRESS 3.3 STREET ADDRESS **NEW HAVEN CT** CITY - ST - ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME RIPA, FRANK P. 4. 2 NAME 3524 Saddleback Lune, STREET ADDRESS 111 S. ARMENIA AVENUE 4.3 STREET ADDRESS LUTE, FL 33549 TAMPA FL CITY-ST-ZIP 4.4 CITY - ST-ZIP **X** DELETE TITLE 5 1 TITLE Addition

14. 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 suppliemental 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:

#/28/18

(8/3) 623 - 1657

52 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

BUCKMAN, JOHN W.

142 TEMPLE STREET

NEW HAVEN FL

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

Addition