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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003476 (9)

1. Corporation Name

COMMITTEE FOR RESPONSIBLE WATER USE OF SOUTHWEST
FLORIDA, INC.

Principal Place of Business

P.O. BOX 1599
PALMETTO FL 34220

Mailing Address

P.O. BOX 1599
PALMETTO FL 34220-15993. Date Incorporated or Qualified
07/30/19933a. Date of Last Report
05/24/1996

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

4. FEI Number
65-0417711Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

MANSON, DOUGLAS P
100 SOUTH ASHLEY DRIVE
SUITE 1190
TAMPA FL 33602

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE PD
NAME SPENCER, ROBERT N
STREET ADDRESS 4820 RIVERVIEW BLVD.
CITY-ST-ZIP BRANDON FL 34209☐ DELETETITLE T
NAME CARRAWAY, MAC
STREET ADDRESS 501 10TH STREET WEST
CITY-ST-ZIP PALMETTO FL 34221☐ DELETETITLE D
NAME SLEIGHT, DON M
STREET ADDRESS 407 E. SHELL POINT ROAD
CITY-ST-ZIP RUSKIN FL 33570☐ DELETETITLE D
NAME BROCK, TOMMY
STREET ADDRESS 802 E TRAPNELL RD
CITY-ST-ZIP PLANT CITY FL 33588☐ DELETETITLE D
NAME DANIEL, JIM
STREET ADDRESS P.O. BOX 480 N/A
CITY-ST-ZIP ELLENTON FL 34222☐ DELETETITLE D
NAME HAMEL, RON
STREET ADDRESS P.O. BOX 1319 N/A
CITY-ST-ZIP LABELLE FL 33935☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0062226

CR2E037 (9/96)