

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN -9 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004021 (2)

1. Corporation Name

FLORIDA WATER WISE COUNCIL, INC.

Principal Place of Business

Mailing Address

MRIGALL & PARKER, INC.
1916 AVENIDA REPUBLICA DE CUBA, #F-204
TAMPA FL 33605

P.O. BOX 617365
ORLANDO FL 32061-7365

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1993

3a. Date of Last Report

06/15/1994

4. FEI Number

59-3191095

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

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

MS. CARLYN H. KOWALEK, ESQ.
C/O SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Carlyn H. Kowalek

June 1, 1995

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 D
NAME *ADAMS, BRUCE
STREET ADDRESS PO BOX 24680
CITY-ST-ZIP WEST PALM BEACH FL 33416-4680

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HODGE, ROBERT T
STREET ADDRESS PO BOX 1451
CITY-ST-ZIP SARASOTA FL 34240

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ~~SHREVE, MICHAEL R~~
STREET ADDRESS ~~4424 FLINTLOCK LOOP~~
CITY-ST-ZIP ~~LAKELAND FL 33809~~

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

D
DENNIS HIGBIE
P.O. BOX 10,000 N/A
LAKE BUENA VISTA, FL 32830

TITLE D
NAME PARKER, STEVEN H
STREET ADDRESS ~~4767 N 10 STREET~~
CITY-ST-ZIP TAMPA FL 33605

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

1916 REPUBLICA DE CUBA

TITLE D
NAME ~~DAVIS, DETSY H~~
STREET ADDRESS ~~5100 W KENNEDY BLVD SUITE 300~~
CITY-ST-ZIP ~~TAMPA FL 33609~~

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

D
JASON A. DUFF
1756 ORLANDO CENTRAL PARKWAY
ORLANDO, FL 32809

TITLE D
NAME NERO, WENDY L
STREET ADDRESS CITY HALL OF TAMPA CITY HALL PLAZA 32
CITY-ST-ZIP TAMPA FL 33602

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

P.O. BOX 21647 N/A
33622-1647

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Steven H Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRES. STEVEN H PARKER

4/26/95 813-247-2486

Date

Myphone Home #