

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 17 1997 8:00am
Secretary of State

DOCUMENT # N93000004021 (2)

1. Corporation Name

FLORIDA WATER WISE COUNCIL, INC.

Principal Place of Business

Mailing Address

SFWMD
1756 ORLANDO CENTRAL PKWY
ORLANDO FL 32809

P.O. BOX 617365
ORLANDO FL 32861-7365

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1993

3a. Date of Last Report

08/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Carlyn Kowalsky Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
83 1000 Color Place
84 City Apopka FL 85 Zip Code 32703

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 D ☐ DELETE
NAME KOWALSKY, ANDY
STREET ADDRESS 255 S. ORANGE AVE SUITE 701
CITY-ST-ZIP ORLANDO FL 32801

TITLE D ☐ DELETE
NAME SNOWMAN, KAREN
STREET ADDRESS 8100 PRESIDENTS DRIVE
CITY-ST-ZIP ORLANDO FL 32809

TITLE P ☐ DELETE
NAME KOWALSKY, CARLYN
STREET ADDRESS 1000 COLOR PLACE
CITY-ST-ZIP APOPKA FL 32703

TITLE S ☐ DELETE
NAME FOLEY, KATHY
STREET ADDRESS 2379 BROAD STREET
CITY-ST-ZIP BROOKSVILLE FL 34609

TITLE DVP ☐ DELETE
NAME HAMMEL, RON
STREET ADDRESS P.O. BOX 1319 N/A
CITY-ST-ZIP LA BELLE FL 33935

TITLE D ☐ DELETE
NAME NERO, WENDY L
STREET ADDRESS P.O. BOX 21647 N/A
CITY-ST-ZIP TAMPA FL 33622-1647

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D- Terry Higgs ☐ Change ☒ Addition
1.2 NAME 2010 NW 13th Street
1.3 STREET ADDRESS Delray Beach, FL 33445
1.4 CITY-ST-ZIP

2.1 TITLE D- Bruce Adams ☐ Change ☒ Addition
2.2 NAME 7427 Prescott Ln
2.3 STREET ADDRESS Lake Worth, FL 33467
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 REQUIRED

9-9-97 (407) 981-8777

CR2E037 (497)