


**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90050 031 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N98000001052</b>					
<b>1. Corporation Name</b> <b>FLORIDA WATERWORKS ASSOCIATION LEGISLATIVE FUND, INC.</b>					
<b>Principal Place of Business</b> <b>P.O. BOX 4268</b> <b>TALLAHASSEE FL 32315</b>			<b>Mailing Address</b> <b>P.O. BOX 4268</b> <b>TALLAHASSEE FL 32315</b>		



<b>2. Principal Place of Business</b> <b>21</b>		<b>2a. Mailing Address</b> <b>28</b> <b>1000 Color Place</b>		<b>3. Date Incorporated or Qualified</b> <b>02/23/1998</b>	
<b>Suite, Apt. #, etc.</b> <b>22</b>		<b>Suite, Apt. #, etc.</b> <b>27</b>		<b>4. FEI Number</b> <b>EIN 59-3502718</b>	
<b>City &amp; State</b> <b>23</b>		<b>City &amp; State</b> <b>28</b> <b>Apopka FL</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>Zip</b> <b>25</b> <b>Country</b> <b>29</b> <b>32703</b> <b>30</b> <b>USA</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Trust Fund Contribution</b>	

<b>9. Name and Address of Current Registered Agent</b> <b>GATLIN, B J ES</b> <b>3301 THOMASVILLE ROAD</b> <b>SUITE 300</b> <b>TALLAHASSEE FL 32312</b>				<b>10. Name and Address of New Registered Agent</b> <b>81 Name (Same as in #9)</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>215 S. Monroe St., #815</b> <b>83 Suite 815</b> <b>84 City Tallahassee FL 85 Zip Code 32301</b>	
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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

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABBERGER, LESTER			1.2 NAME			
STREET ADDRESS	310 WEST COLLEGE AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, GERALD S			2.2 NAME			
STREET ADDRESS	4837 SWIFT ROAD #100			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34231			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAMES, H R			3.2 NAME			
STREET ADDRESS	1300 RIVERPLACE BLVD. #620			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Chairman	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MOORE, JAMES W			4.2 NAME	JAMES A. PERRY		
STREET ADDRESS	19910 SOUTH TAMiami TRAIL			4.3 STREET ADDRESS	1000 Color Place		
CITY-ST-ZIP	ESTERO FL 33928			4.4 CITY-ST-ZIP	Apopka, FL 32703		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	Exec. Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	ERWIN, Janet B.		
STREET ADDRESS				5.3 STREET ADDRESS	2548 Blairstone Pines		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Tallahassee, FL 32301		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

**SIGNATURE:** Janet B. Erwin **REQUIRED** 2/3/99 (850) 878-4399  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Janet B. Erwin, Exec. Secretary, P.O. Box 4268, Tallahassee, FL 32315

*Revised 3/25/99 jbe*

CR2E037 (11/98)