SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Sccretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name P9300000129 (5) WATER AND SEWER SERVICES OF TAMPA BAY, INC. Principal Place of Business Mailing Address 6822 22ND AVE. NORTH P.O. BOX 881 #400 PINELLAS PARK FL 34664 ST. PETERSBURG FL 33710 3. Date Incorporated or Qualified 3a. Date of Last Report 12/31/1992 05/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3156082 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 ΓΊ 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name JANSSEN, DUANE H 1626 38TH AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33713 83 84 City 85 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, a m familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signal in-typhid or printed humic of regerered agent and the if applicable (NOTE: Registered Agent signature required when relies along) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TifLE DELETE 1 I TIBLE Change Addition BAKER, GERALD P NAME 1.2 NAME 6822-22AUEN CR2E034 P.O. BOX 881 STREET ADDRESS 1.3 STREET ADDRESS PINELLAS PARK FL 34664 710 400 CITY-ST-ZIP 14 CITY - ST-7IP PD TITLE DELETE 2 \* TIGE Change Addition NAME BAKER, KATHRYN 2.2 NAME STREET ADDRESS 131 MONTEZUMA STREET 2.3 STREET ADDRESS **LYONS NY 14489** CITY - ST - ZIP 2 4 CHY SI ZIP TITLE DELETE 31 TITLE \*\*\*\* Change Addition NAME PERRY, LAWRENCE 3.2 NAME STREET ADDRESS 28 DEPEW AVENUE 3.3 STREET ADDRESS CITY-ST-ZIP **LYONS NY 14489** 3.4 CITY - \$1 - ZIP TITLE DELETE 41 DILE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7P 4 4 CITY - ST - ZIP THLE DELETE 500001898675 Addition -07/18/96--01096--014 \*\*\*225.00 5.1 THILE 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-SI-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6111148 Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 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 119 07(3)(x) Florida Statutes 1 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 Arme legal effect as if made under oath, that I am an office of 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 B orc. 12 for 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 E or on an attachment with an address 8413-545-0120

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: