

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
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000012126 (7)

1. Corporation Name

SUMTER WATER COMPANY, INC.



Principal Place of Business

Mailing Address

PO BOX 26572
TAMPA FL 33623

PO BOX 26572
TAMPA FL 33623

3. Date Incorporated or Qualified

02/17/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 810 8TH STREET

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 844

Suite, Apt. #, etc.

4. FEI Number

59-3177126

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 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

HOTALING, JOHN H
6608 WALTON WAY
TAMPA FL 33610

81. Name

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

810 8TH STREET

83.

84. City

CEDAR KEY

FL

85. Zip Code

32625

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

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 P ☐ DELETE
NAME HOTALING, JOHN H
STREET ADDRESS 6608 WALTON WAY
CITY-ST-ZIP TAMPA FL 33610

11 TITLE PST ☒ Change ☐ Addition
12 NAME HOTALING, JOHN H
13 STREET ADDRESS 810 8TH STREET
14 CITY-ST-ZIP CEDAR KEY FL 32625

TITLE ST ☒ DELETE
NAME SULLIVAN, TERRY
STREET ADDRESS 6608 WALTON WAY
CITY-ST-ZIP TAMPA FL 33610

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(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:

John H. Hotaling John H. Hotaling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-96 (352) 543-6540

DATE

DAYTIME PHONE #

CR2E034 (3/96)