FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300068452 (0)

WATER WERKS OF SOUTHWEST FLORIDA, INC.

FILED Feb 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					T DEGLEGAL END LAND UNIT GOLD AND TO BE DELLE	00110 01101 10111 01001 011	10 1101 1001
532 SE 47TH TERRACE 532 SE 47TH TERRACE CAPE CORAL FL 33904 CAPE CORAL FL 33904					DO NOT WRITE I	N THIS SPACE	
					3. Date Incorporated or Qualified	<u> </u>	
					10/01/1993		
 -		2a. Mailing Address	j Address				oplied For
		Suite, Apt. #, etc.	to Avt # etc		65-0434990		ot Applicable
22		27]	27		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State	- 1		6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country Zip		Countr	/	8. This corporation owes or has paid the current year Intangible		
24	25 29 30		30	Personal Property Tax due June 30. Yes No		□ No	
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent		
RO	OSA, RICHARD V.S.		81	Name			
1714 CAPE CORAL PARKWAY			82	Street Add	lress (P.O. Box Number is Not Acceptable	9)	
CAI	PE CORAL FL		B3	 			
			84	City		as Zin	Codo
				'	poration submits this statement for the pur		Code
agent Lar SIGNATURE	ni familiar with, and accept the obli- Signature igneric profest care of resistered a	gations of, Section 607.0505, F	lorida Statute	s.	ition's board of directors. I hereby accept	DATE	
12.	D OFFICERS AF	ND DIRECTORS DELETE	13.	 -	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	Addition
TITLE NAME	JACKSON, DAWN	L Decer	1.1 TITLE 1.2 NAME			Crange	Addition
STREET ADORESS	532 S.E. 47TH TERRACE			T ADDRESS			
' '	CARROCAL FLAGRA		1.4 CITY -	1			
CITY-ST-ZIP TITLE	DELETE		2.1 TITLE	31-211		Change	☐ Addition
NAME			2.2 NAME				_ ,,,,,,
STREET ADDRESS				T ADDRESS	ļ		
CITY-ST-ZIP			2 4 CITY	1			
TITLE		DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4 CITY	ST-ZIP			•
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST - ZIP			
TITLE	DE1.ETE		5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST - ZIP			1 1 1 1111
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	l l			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	setificities the information and add	with this films does not suplify	6.4 CITY-		Section 119 07(3Vi) Florida Statutes II	what and it that the	Information

I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

GNATURE:

GNATURE:

SIGNATURE: