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

Mailing Address

2a Maiting Address

TAVERNIER FL 33070-0825

PO BOX 625

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

266 GARDINIA ST

TAVERNIER FL 33070



FLORIDA DEPARTMENT OF STATE

FILED

Jan 15 1997 8:00am

Secretary of State

3a. Date of Last Report

01/30/1996

3. Date Incorporated or Qualified

10/28/1993

RILLAND G. GWYNN 1-2-97 (305) 852-6001

F SIGNING OFFICER OR DIRECTOR

Daylore Print 8

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000074956 (2)

MCCULLOUGH WATER, INC.

21		26		65-0447624	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt #, etc			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	O.	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zφ	Country	8. This corporation has liability for intangible	e tax upder s. 199.032,	
24	25	29	30		1 46	
	Name and Address of Currer	it Registered Agent		Name and Address of New Registered	Agent	
	ULICH, JEROME J		81 Name			
	MINORCA AVE		82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
	TE 15		02	83		
CORAL GABLES FL 33134			63			
			84 City	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statu	tes, the above-named corr	poration submits this statement for the purpose	of changing its registered	
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 objications of, Section 607.0505, Florida Statutes.						
-	m ram har with, and accept the oblig	anons of, Section 607.0505, F	iorida Statutes.		,	
SIGNATURE	Signature: Novel or probed name of registered agr	A STATE OF THE STA	IE Registered Agent signature requir	red when reinstating) DATE		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 10	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
NAME.	GWYNN, RICHARD G		1.2 NAME		Change Caronion	
STREET ADORESS	109 PALM LN					
			1 3 STREET ADDRESS			
CITY - ST - ZIP	ISLAMORADA FL	DELETE	1 4 CITY-ST - ZIP		D Alexandra D La Press	
	D	ריין הנדבונ	2.1 TITLE		Change Addition	
NAME	GWYNN, NANCY A		2 2 NAME			
STREET ADORESS	109 PALM LN		2 3 STREET ADDRESS	t v		
CITY- S1- ZIP	ISLAMORADA FL	T Dr. cre	2 4 CITY-SI-ZIP			
TITUE		☐ DELETE	3 1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY-ST-ZIP			3.4 City-St-ZiP			
TITLE		L. DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHTY - ST - ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	THE SECULOR STATE OF THE SECUL	Change Addition	
NAME.		•	5.2 NAME		ļ	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME .			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
14. do heret	by certify that the information supplie	d with this bling does not qual	ify for the exemption stated	in Section 119.07(3)(i), Florida Statutes. I furthe	er certify that the	
intormatio	n indicated on this annual report or s	upplemental annual report is:	true and accurate and that	my signature shall have the same legal effect at a s required by Chapter 607, Florida Statutes;	is it made under oath, that	