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

PROFIT
CORPORATION
ANNUAL REPORT
1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

FILED

Apr 30 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000011706 (6)

FORT GARDINER WATER WORKS, INC.

Principal Place of Business Mading Address					1	88	<u> </u>	
149000 CAMP MACK RD. LAKE WALES FL 33853		14900 CAMP MACK RD.						
US WALES F	L 33853	LAKE WALES FL 33853-8449 US	,					
00		00			3. Date Incorporated or Qualified	3a. Date c	of Last Report	
					02/11/1994	06/05/		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	00,001	Applied For	
21		26			59-3226138		Not Applicable	
Suite Apt.	#. etc.	Suite, Apt. #, etc.				<u> </u>	8.75 Additional	
22	71 444	27			5. Certificate of Status Desired		Fee Required	
City & State	₽	City & State			6. Election Campaign Financing		\$5.00 May Be	
23	•	28			Trust Fund Contribution	п '	Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for i			
24	25	⊢¬ '	30			Yes N		
E-1	9, Name and Address of Current		301		10. Name and Address of New Re			
CAUL			81	Name				
	ELY, PATE		Ĺ					
	CHICKASAW DR		82	Street Add	eet Address (P.O. Box Number is Not Acceptable)			
HAIN	IES CITY FL 33844		83					
			63					
1			84	City		_ B	5 Zip Code	
	<u></u>					<u> </u>		
11. Pursuant	to the provisions of Sections 607.0502	? and 607.1508, Florida Statute of Florida, Such change was a	es, the above uthorized by	e-named cor the corpora	poration submits this statement for the p ition's board of directors. I hereby accep	urpose of cha at the appoint	anging its registered ment as registered	
agent. I a	m familiar with, and accept the oblige	tions of, Section 607.0505, Flo	rida Statutes	i.	thorne both or an octore. Thoroby about	T the appoint	nem as registered	
SIGNATURE								
	Signature, typod or printed name of registered agen			nt signature requ	red when reinstating)	DATE		
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	·	ADDITIONS/CHANGES TO OFFIC			
TITLE	PTD	☐ DELETE	1.1 TALE	ا م	PTP		Change	
NAME	SNIVELY, PATE		1.2 NAME	2	inively, Pate 1925 Mar Lisa Cove	0.1		
STREET ADDRESS	2970 CHICKASAW DR		1.3 STREET					
CITY-ST-ZIP	HAINES CITY FL		1.4 CHY-S	1-7IP	ake Wales Fl.	338	53	
TITLE	VASD	DELFTE	2.1 TITLE				Change	
NAME	SNIVELY, PETE J		2.2 NAME					
STREET ADDRESS	939 AVE. A SE							
CITY-ST-ZIP	WINTER HAVEN FL	Charles S	Shiv	elv				
TITLE	VD	Charles & Dupicated Mistak	i 10 .	V	D		Change Addition	
NAME	SNIVELY, CHARLES S	notinitated	x 154	3	nively .Charles S			
STREET ADDRESS	14725 CAMP MACK RD	misbak	۰. 👡	- 11	4725 rama Mack F	રત		
CITY-ST-ZIP	LAKE WALES FL			~ ',	ave blake El	358	5 2	
TITLE	VSD	DELETÉ	4.1 TITLE		nively, Charles S 4726 Camp Mack F Jake Wales Fl.	JP D	Change Addition	
NAME	SNIVELY, WILLIAM H		4. 2 NAME		nively William H	~	The same	
	3111 MAR LISA COVE RD			5	MIVELY Diamag De			
STREET ADDRESS			4.3 \$TREE1	ADDRESS X	150 Unitience Div	9682		
CITY-ST-ZIP	LAKE WALES FL	Dritte	4.4 CITY - S	1-7IP	ake Wales Fl.	38 <u>63</u>	Phange I Addition	
TITLE	D ONE IN CINCED	DELETE	5.º TITLE			LJ	Change Addition	
NAME	SNIVELY, GINGER		5.2 NAME					
STREET ADDRESS	2970 CHICKASAW DR		5.3 STREET	ADDRESS				
CITY-ST-ZIP	HAINES CITY FL		5.4 CHY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	
NAME			6.2 NAME					
STREET ADDRESS			63 STREET	ADDRESS				

6.4 CITY-ST-ZIP

14. I do 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 frue 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 changed, or on an attachment with an address