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FILED

Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000011706 (6)

1. Corporation Name

FORT GARDINER WATER WORKS, INC.

Principal Place of Business

14900 CAMP MACK RD.
LAKE WALES FL 33853
US

Mailing Address

14900 CAMP MACK RD.
LAKE WALES FL 33853
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1994

4. FEI Number

59-3226138

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SNIVELY, PATE
2970 CHICKASAW DR
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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. 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

TITLE PTD ☒ DELETE

NAME SNIVELY, PATE
STREET ADDRESS 2970 CHICKASAW DR
CITY-ST-ZIP HAINES CITY FL

TITLE PTD ☐ DELETE

NAME SNIVELY, PATE
STREET ADDRESS 2925 MAR LISA COVE RD
CITY-ST-ZIP LAKE WALES FL

TITLE VD ☐ DELETE

NAME SNIVELY, CHARLES S
STREET ADDRESS 14725 CAMP MACK RD
CITY-ST-ZIP LAKE WALES FL

TITLE VSD ☐ DELETE

NAME SNIVELY, WILLIAM H
STREET ADDRESS 2750 LAKE PIERCE DR
CITY-ST-ZIP LAKE WALES FL

TITLE D ☐ DELETE

NAME SNIVELY, GINGER
STREET ADDRESS 2970 CHICKASAW DR
CITY-ST-ZIP HAINES CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

William H. Snively

William H. Snively

2/24/98

941-686-1108

CR2E034 (10/97)