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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY - S1 - ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000043969 (2)**1. Corporation Name

WATER & SEWER COLLECTION SERVICES, INC.

701 WEST FLETCHER AVENUE 701 WEST FLETCHER AVENUE STE. A STE. A TAMPA FL 33612-3430 **TAMPA FL 33612** 3. Date Incorporated or Qualified 3a. Date of Last Report 06/03/1994 02/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3257034 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zιρ This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCHOFIELD. RICHARD 701 WEST FLETCHER AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 STE. A 83 **TAMPA FL 33612** City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or punted name of registered agent and the if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE DELETE 1.1 TITLE Change SCHOFIELD, RICHARD 1.2 NAME NAME 936 QUISANDO DEAVILA STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33613** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP C:TY - ST - ZIP DELETE Change Addition 5.1 TITLE TITL F 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP DELETE 61 THLE Change Addition TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

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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

FILED Feb 10 1997 8:00am Secretary of State

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