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97 MAY -1 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000034389**

1. Corporation Name

Water Works Real Estate, Inc.

Principal Place of Business	Mailing Address
204 Ryan Drive	P.O. Box 1320
Carrabelle, FL 32322	Carrabelle, FL 32322

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 204 Ryan Drive	26 Suite, Apt. #, etc.	4/19/96	
22 City & State	27 City & State	4. FEI Number	☒ Applied For ☐ Not Applicable
23 Carrabelle, FL	28 Zip	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
24 32322	29 USA	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Margaret B. Ausley	81 Name
316 E. Jefferson St.	82 Street Address (P.O. Box Number is Not Acceptable)
Tallahassee, FL 32301	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PRES NAME Daniel M. Ausley ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
STREET ADDRESS 204 Ryan Drive	1.2 NAME 600002164316-2
CITY, ST, ZIP Carrabelle, FL 32322	1.3 STREET ADDRESS -05/02/97--01132--005
TITLE D NAME Daniel M. Ausley ☐ DELETE	1.4 CITY-ST-ZIP ****165.00 ****165.00
STREET ADDRESS 204 Ryan Drive	2.1 TITLE ☐ Change ☐ Addition
CITY, ST, ZIP Carrabelle, FL 32322	2.2 NAME
TITLE ☐ DELETE	2.3 STREET ADDRESS
NAME	2.4 CITY-ST-ZIP
STREET ADDRESS	3.1 TITLE ☐ Change ☐ Addition
CITY, ST, ZIP	3.2 NAME
TITLE ☐ DELETE	3.3 STREET ADDRESS
NAME	3.4 CITY-ST-ZIP
STREET ADDRESS	4.1 TITLE ☐ Change ☐ Addition
CITY, ST, ZIP	4.2 NAME
TITLE ☐ DELETE	4.3 STREET ADDRESS
NAME	4.4 CITY-ST-ZIP
STREET ADDRESS	5.1 TITLE ☐ Change ☐ Addition
CITY, ST, ZIP	5.2 NAME
TITLE ☐ DELETE	5.3 STREET ADDRESS
NAME	5.4 CITY-ST-ZIP
STREET ADDRESS	6.1 TITLE ☐ Change ☐ Addition
CITY, ST, ZIP	6.2 NAME
TITLE ☐ DELETE	6.3 STREET ADDRESS
NAME	6.4 CITY-ST-ZIP
STREET ADDRESS	
CITY, ST, ZIP	

14. I, the undersigned, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97 **6974015**

Date

Daytime Phone #

CR2E034 (9/96)