

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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000043085 (5)

1. Corporation Name  
WATER WAYS, INC.

Principal Place of Business  
249 SOUTHEAST FALLON DRIVE  
PORT ST. LUCIE FL 34983

Mailing Address  
249 SOUTHEAST FALLON DRIVE  
PORT ST. LUCIE FL 34983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/21/1996

4. FEI Number  
65-0681610

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.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

PIPPIN, SHIRLEY C  
249 SOUTHEAST FALLON DRIVE  
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

ROGER PIPPIN  
249 SE FALLON DRIVE  
PORT ST. LUCIE FL 34983

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

TITLE	PI	DELETE
NAME	PIPPIN, ROGER W	
STREET ADDRESS	249 SOUTHEAST FALLON DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	SD	DELETE
NAME	PIPPIN, SHIRLEY C	
STREET ADDRESS	249 SOUTHEAST FALLON DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PIV/T/S/D.	Change	Addition
1.2 NAME	ROGER PIPPIN		
1.3 STREET ADDRESS	249 SE FALLON DR		
1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983		
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: 

4-9-98 661-878-0679

CR2E034 (10/97)