

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000086368 (3)

1. Corporation Name

WATER RESOURCE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

14502 N. DALE MABRY
330
TAMPA FL 33618
US

14502 N. DALE MABRY
330
TAMPA FL 33618
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1996

4. FEI Number

59-3408132

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 14502 N. DALE MABRY

Suite, Apt. #, etc.

22 SUITE # 226

City & State

23 TAMPA, FL.

Zip

24 33618

Country

25 US

2a. Mailing Address

26 14502 N. DALE MABRY

Suite, Apt. #, etc.

27 SUITE # 226

City & State

28 TAMPA, FL.

Zip

29 33618

Country

30 US

9. Name and Address of Current Registered Agent

HARRELL, ROY G JR.
200 CENTRAL AVENUE BARNETT TOWER
23RD FLOOR
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name ROY G. HARRELL, JR.

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

ONE PROGRESS PLAZA, SUITE 1600

83 200 CENTRAL AVENUE

84 City

ST. PETERSBURG, FL

85 Zip Code

33701

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 D ☐ DELETE

NAME HUBBELL, PETER G

STREET ADDRESS 5002 GARRICK COURT

CITY-ST-ZIP TAMPA FL 33624

TITLE D ☐ DELETE

NAME FARRELL, MARK D

STREET ADDRESS 16603 EAST COURSE DRIVE

CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ 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 WATER RESOURCE ASSOCIATES, INC.

4/22/98 4/23/98 3130

CR2E034 (10/97)