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Mailing Address P O BOX 2701

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000097747**1. Corporat on Name

Principal Place of Business

P O BOX 2701

SWF UTILITY METERING, INC.

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90046 049 ***158.75

| Suite, Ajt. #, etc. Suite, Aj | ONITA SPRINGS | S FL 34133-2701 | | ВО | ONITA SPRINGS F | L 34 130 | 3-2701 | | | | | | ĐC | NOT | WRIT | EINT | HS S | SPACI | E | |
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| 2 | | | | | | | | | | | | • | | or Qua | lifed | | | | | |
| Suite, Apt. #, etc. | 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | | | | | | | | | | App | ied For |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 26 | 26 | | | | | | 59-3409733 | | | | | | | Not | Applicable | |
| City & State City & State City & State City & State St. Outrory Zip Country Zip Country St. Outrory Zip Country St. This corporation owes the current year intengible Personal Property Tax. Tys T | Suite, Apt. #, etc. | | | 27 | | | | | | | | | | | | | | \$8.75 Ac ditional Fee Required | | |
| Zip Country Zip Country Zip Country Zip Country 3 30 5 5 5 5 5 5 5 5 5 5 5 5 5 5 6 5 5 7 5 6 5 5 7 5 6 5 5 7 5 6 5 7 5 7 | City & State | | | | City & State | | | | | - | 1 | | | | | | \$5.00 May Be Added to Fees | | | |
| S. Name and Address of Current Registered Agent ERDMAN, GREGORY A 3645 BONTA BEACH RD STE 3 BONTA SPRINGS FL 34134 11. Pursual tito the provisions of Sections 607.0502 and 607.1508, Florida Statu es, the above-named corporation submits this statement for the purpose of change was ruthorized by the corporation submits this statement for the purpose. Yet change deep confide or registered agent, or born, in the State of Florida, Such change was ruthorized by the corporation submits this statement for the purpose. Yet changing attain and accept the obligations of, Section 607.0005, Fix due Shatus. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS. IND DIRECTORS 14. The statement of the purpose of printed rine with application. In the State of Florida, Such change was ruthorized by the corporation submits this statement for the purpose. Yet changing attain a speciation. In the state of Florida, Such change was ruthorized by the corporation submits this statement for the purpose. Yet changing attain a speciation. In the state of the purpose of printed rine with application. In the state of Florida, Such change was ruthorized by the corporation submits this statement for the purpose of change was ruthorized by the corporation submits this statement for the purpose. Yet changing attained with a register of the purpose of change was ruthorized by the corporation submits this statement for the purpose. Yet changes are registered agent, or born, in the State of the purpose of change was ruthorized by the corporation submits this statement for the purpose. Yet changes are registered agent, or born, in the State of the purpose of change was ruthorized by the corporation submits this statement for the purpose. Yet changes are registered agent, or born, in the State of the purpose of change was ruthorized by the corporation submits this statement for the purpose. Yet changes are registered agent, or born in the state of the purpose of change was ruthorized by the corporation submits and t | Zip | | Coun ry | | Zip | | | ntry | | | I | | | | curre | ent year | | | |]No |
| ERDMAN, GREGORY A 3645 BONITA BEACH RD STE 3 BONITA SPRINGS FL 34134 82 Street Address (P.O. Box Number is Not Acceptable) 83 BONITA SPRINGS FL 34134 84 City FL 85 Zip C 85 Zip C 86 City FL 85 Zip C 86 City FL 85 Zip C 87 Zip C 88 Zip C 88 Zip City FL 85 Zip C 88 Zi | *1 | | Address of Current | | stered Agent | | 1001 | | - | | | | | | lew R | egister | A t a | gent | | |
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| 11. Pursua it to the provisions of Sections 607.0502 and 607.1508. Florida Statu es, the above-named corporation submits this statement for the purpose of changing its roffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of circotors. I hereby accept the approximent as registered agent, and accept the obligations of, Section 607.0505, Fixrida Statutes. SIGNATURE Signature, typed or printed may be of registered agent approximation and the financial statutes. Signature, typed or printed may be of registered agent approximation and the financial statutes. The section of the corporation submits this statement for the purpose of changing its roffice or registered agent, or both, in the State of Florida. Statutes. The section of the corporation submits this statement for the purpose of changing its roffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of circtors. I hereby accept the approximent as registered agent, and such approximation agent agent agent approximation and the specific statutes. | STE 3 | 3 | | | | | | 83 | | | | | - | | | | | • | | _ |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirector's. Thereby student interesting agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Salutules. SIGNATURE Signature, typed or printed may with registered agent and title if applicable. (NOTE Represented Agent agritume rept. red when remaining). DATE | DUNI | IA SPRINGS | rt 34134 | | | | | 84 | City | | | | | - | | F | FL | 85 | Zip C | ode |
| 12. | office or re | enistered agent | or both, in the State o | s' Florie | ida. Such change | e was a | utnorized | DV. | the cor | d corpor poretion | ation subm 's board of | nits this cirecto | staten rs. I he | nent fo ereby a | r the accep | purpose t the ap | e of c | hangi tment | ng (ts r as reg | egistered stered |
| TITLE D | SIGNATURE 3 | Signature, typed or pri | nted name of registered agent | and title | if applicable. | (NOTI | Registered | Agen | nt signatur | required o | | | | | | | | | | |
| NAME ERDMAN, CHARLES J JR | 12. | | OFFICERS AND | DIRE | ECTORS | | 13. | | | | ADDIT | IONS/0 | HANG | SES TO | O OF | FICERS | ANI | | | |
| STREET ADDRE IS CITY-ST-ZIP | TITLE | D | | | ☐ DEL | ETE | 1.1 TIT | ĻΕ | | | | | | | | | | ☐ Ch | ange | Addition |
| SPRINGS FL 34134 | NAME | ERDMAN, CH | iarles j jr | | | | 1.2 NA | ME | | | | | | | | | | | | |
| TITLE D | STREET ADDRE IS | 27008 OAKW | OOD LAKE DR | | | | 1.3 ST | REET | TADDRES | S | | | | | | | | | | |
| TITLE D | CITY-ST-ZIP | BONITA SPR | INGS FL 34134 | | | | 14 CiT | Y-\$1 | T-ZIP | | | | | | | | | | | |
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| CTTY-ST-ZIP BONITA SPRINGS FL 34134 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change NAME 32 NAME | STREET ADORE 3S | 3575 BONITA | A BEACH RD | | | | 2.3 ST | REET | ADDRES | s | | | | | | | | | | |
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| A3 STREET ADDRESS | | | | | ☐ DEL | ETE | | | *** | | | | | | | | | ☐ Ch | ange | ☐ Addition |
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Thereby 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 changes for on an attactment with an address, with all other like empowered.

SIGNATURE: