Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90211 042 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# P97000007182

1. Corporation Name

SOUTH	Florida Water Company	,			 					
Principal P ace of Business Mailing Address						[III 38 111 37 171		#1 19116 (161 169)	
7350 SOUTH T SARASOTA FL	AMIAMI TRAIL #33 34231	7350 SOUTH TAMIAMI TRAIL #33 SARASOTA FL 34231			DO NOT WRITE IN THIS SPACE					
					3. Date Inco 01/21/1	rporated or Qualifed 997	-			
2. Principal Place of Business		2a. Mailing Address 26 5777 Beneva Rd.S.		4. FEI Numb	= :	-	<u> </u>	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				of Status Desired		4 -	Additional Required	
City & Stat	le	City & State 28 Saya 56+(1, FL				Campaign Financing d Contribution		\$5.00 May Be Added to Fees		
Zip	Cour try	Zip 34233 30	Country		1	oration owes the curre Property Tax.	ent year r	ntangib le Yes	J X No	
-	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA FL 34233			81 82 83 84	City		umber is Not Accepta	FI	L ``	p Code	
office or r agent. a	to the provisions of Sections 607 0502 registered agent, or borh, in the State of familiar with, and accept the obligat	of Florida, Such change was auth ions of, Section 607.0505, Florida	iorizea dv	me corpo	crporation submits t ration's board of cire	his statement for the ectors. I hereby accep	purpose a of the appo	of changing i pintment as	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI:: Re	gistered Age	nt signature re	quired when reinstating)		DATE			
12.	OFFICERS AN	DINECTORO	13.		ADDITION	S/CHANGES TO OF	FICERS /			
TITLE	PSTD	☐ DELETE	1.1 TITLE	ļ				Change	a Modilio	
NAME	HARR, RICHARD S		1.2 NAME							
STREET ADDRESS 7350 SOUTH TAMIAMI TRAIL #33			13 STREE	TADDRESS						
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-S	T-ZIP						
TITLE			2.1 TITLE					Chang	e	
NAME	[2.2 NAME							
	}		00.07055	7 4000000						

IN 12 Addition Addition STREET ADDRESS 3 STREET ADDRES 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 a nual 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 chapter 607, and an attachment with an address, with all other like empowered.

SIGNATURE

ICHAM NG OFFICER OR DIRECTOR

CR2E034 (11/98)