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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000062386 (2) v

## SWAMPLAND WATERWAY MAINTENANCE COMPANY

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90072 014 \*\*\*150.00



Principal Place of Business Mailing Address 1010 SW 7TH AVE. 1010 SW 7TH AVE. OKEECHOBEE FL 34972 OKEECHOBEE FL 34972 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/15/1997 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-0<u>770245</u> Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No Country Ζıρ Country Zip Personal Property Tax due June 30. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HUNT, RICHARD H 2801 PONCE DE LEON BLVD., 9TH FLOOR Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 Zip Code 85 84 City 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1 TITLE TITLE LEGE, JOHN B 1.2 NAME NAME 1010 SW 7TH AVE. 1.3 STREET ADDRESS STREET ADDRESS **OKEECHOBEE FL 34972** 1.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change 21 TITLE THLE HUNT, RICHARD H 2.2 NAME MAME 600 BILTMORE WAY, #418 2.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CHY+ST-ZIP Adrigo s Change DELETE 3 1 TET) F THE 4.2 NAME 23845 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP 011Y+51-70 - Admirar Change DELETE 51 TITLE Lilit 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CHY - ST- 20P OPERST ZIP - Applian DELETE 61 HILE TOTAL 6.2 NAME SHAM 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-S1-ZIP

14. 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 curilly that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am selected on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am selected on this annual report or trustee compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charging on an attachment with an additional state of the composition of the receiver of trustee compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charging the composition of the

SIGNATURE

NATULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99, 305-461-4050