FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 6:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S78245** **(5)**

1. Corporation Name
THE WATER AUTHORITY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 447 OLDSMAR FL 34677	P.O. BOX 447 OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/06/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **NOT APPLICABLE** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HASTINGS, THOMAS F. JR.
201 MARY DRIVE
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HASTINGS, THOMAS FRANK	12 NAME	
STREET ADDRESS	201 MARY DR.	13 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BLOOM, RON	22 NAME	
STREET ADDRESS	580 CAMINO DE LA REINA	23 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	VD ☒ Change ☐ Addition
NAME	HASTINGS, PAUL R.	32 NAME	HASTINGS, PAUL R
STREET ADDRESS	6180 N.W. 173RD ST.	33 STREET ADDRESS	3270-ALDEN POND LANE
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	EAGAN, MN. 55121
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	HASTINGS, KATHERINE M.	42 NAME	
STREET ADDRESS	201 MARY DR.	43 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BONNETTE, DON	52 NAME	
STREET ADDRESS	3300 N PORT ROYAL DR	53 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 alteration.

SIGNATURE: _____ 4/24/95 813-787-1870
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

THOMAS FRANK HASTINGS JR. PD

0480901 FP