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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S85847

(9)

WHITEWATER CONSTRUCTION, INC.					c 138(1818 18c 1818)	
Principal Plac	e of Businoss	Mailing Address			I INDIIONA HUE INIAL AHINI NOEHI DIDII HADE AIDI	01011 01011 11011 07911 07011 1301
4830 W. GAN TAMPA FL 33		P. O. BOX 13495 Tampa FL 33681-3495 US	TAMPA FL 33681-3495		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address			10/08/1991 4. FEI Number	Applied For
21		[26]		59-3086562	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		Zip Country		Trust Fund Contribution	Added to Fees	
24 Zip	25	} 1	30	у	8. This corporation owes or has paid the	
24]	g. Name and Address of Current	29 t Registered Agent	1301		Personal Property Tax due June 30. 10. Name and Address of New Registe	
DΩ	NALDSON, ROBERT D		81	Name	10.	TOO FIGURE
4830 W. GANDY BLVD				Ctont Ada	irong (O.O. Bay Mysshavia New Assaults)	
	MPA FL 33611		82	Street Add	iress (P.O. Box Number is Not Acceptable)	
			83			
			84	City		85 Zip Code
				,		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation soffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's boargent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					poration submits this statement for the purpo-	se of changing its registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statute	S.	mono board of directors. Thereby accept the	appointment as registered
SIGNATURE		. =				
12,	Signature: typed or printed name of registered agen OFFICERS AND	···	Registered Age	ent signature requ	ired when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	DONALDSON, ROBERT D		1.2 NAME			
STREET ADDRESS	4830 W. GANDY BLVD		1.3 STREET	ADDRESS		
CITY-\$T-ZIP	TAMPA FL 33611		1.4 CITY - S	ST-ZIP		
TITLE		☐ DELETE	21 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY -	ST-ZIP		
NAME		[] orreit	3.1 TITLE 3.2 NAME			Change Addition
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME		\ 0 /	·
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP		
TITLE		DELETE 5.171				Change Addition
NAME CONTENT ADDRESS			5.2 NAME	1		
STREET ADDRESS			5.3 STREET	1		
CITY-ST-ZIP TITLE			5.4 CITY - S 6.1 TITLE	IT-ZIP		Change 1 4 d 22 -
NAME		C Deterit	6.2 NAME	}		Change Addition
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S			
	ertily that the information supplied with	this filing does not qualify fo	r the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I furthe	er 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 trusted 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.

CICNATURE.

Robert C Oneld

4-27-94

8/3 X2/, C/a

FILED

May 04 1998 8:00am

Secretary of State