CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08 1998 8:00am
Secretary of State

1. Corporation Name
WASTEWATER SYSTEMS, INC.

DOCUMENT #
V28349 (1)

Mailing Address
1202 DEER LAKE CIRCLE
APOPKA FL 32712

Principal Place of Business
1202 DEER LAKE CIRCLE
APOPKA FL 32712

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21

2a. Principal Place of Business
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip 24 | Country 25

Zip 29 | Country 30

3. Date Incorporated or Qualified: 04/14/1992

3a. Date of Last Report: 3/20/97

4. FEI Number: 59-3118899 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: $8.75 ☐

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KNOTTS, SARAH M.
1202 DEERLAKE CIRCLE
APOPKA FL 32712

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE Sarah M. Knotts DATE
Registered Agent Accepting Appointment NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/T/D	1.1 TITLE	
1.2 NAME	KNOTTS, SARAH	1.2 NAME	
1.3 STREET ADDRESS	1202 DEERLAKE CIRCLE	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	
2.1 TITLE	S/D	2.1 TITLE	
2.2 NAME	KNOTTS, GREGORY W.	2.2 NAME	
2.3 STREET ADDRESS	1202 DEERLAKE CIRCLE	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	600002583746
6.2 NAME		6.2 NAME	-07/09/98--01005--039
6.3 STREET ADDRESS		6.3 STREET ADDRESS	***150.00
6.4 CITY-ST-ZIP		6.4 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)(k), Florida Statutes. I release Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sarah M Knotts, accountant 4-30-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sarah M Knotts