

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **387477** (3)  
1. Corporation Name  
**TWELVE COUNTY UTILITY COMPANY**

Principal Place of Business	Mailing Address
225 WEST WALKER DRIVE P.O. BOX 308 KEYSTONE HGTS. FL 32656	225 WEST WALKER DRIVE P.O. BOX 308 KEYSTONE HGTS. FL 32656

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>08/26/1971</b>		3a. Date of Last Report <b>04/20/1994</b>	
4. FEI Number <b>59-1613094</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

9. Name and Address of Current Registered Agent  
**PHILLIPS, WILLIAM C.  
225 W. WALKER DR  
KEYSTONE HEIGHTS FL 32656**

10. Name and Address of New Registered Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HASTINGS, ANGUS SE CORNER CR 315 & CR316 FT MCCOY FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	17188 NE 45TH AVENUE ROAD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ft. McCoy, FL 32134
TITLE	PD GNANN, FLOYD 4138 EVERETT AVENUE MIDDLEBURG FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	Middleburg, FL 32068
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD WINGATE, RAYMOND 6505 IMMOKOLEE RD KEYSTONE HEIGHTS FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	Keystone Heights, FL 32656
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD SMITH, CEDRICK M JR RTE 1 BOX 350 MICANOPY FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	Micanopy, FL 32696
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D MULLINS, ROBERT S. 1700 S. WATER ST. STARKE FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	1702 S. Water Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Starke, FL 32091
TITLE	VD MALPHURS, THOMAS L. ROUTE 1, BOX 84 ALACHUA FL	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	Alachua, FL 32615
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 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 address.

SIGNATURE: *Raymond Wingate* 4-10-95 (904) 473-4911  
Raymond Wingate Date (Typed Name of Officer or Director)

387477

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
7.1 TITLE	D	7.1 TITLE	
7.2 NAME	Smith, Kelly R., Jr.	7.2 NAME	
7.3 ADDRESS	Rt. 2, Box 1746	7.3 ADDRESS	
7.4 CITY-ST-ZIP	Palatka, FL 32177	7.4 CITY-ST-ZIP	
8.1 TITLE	D	8.1 TITLE	
8.2 NAME	Reeves, Susan S.	8.2 NAME	
8.3 ADDRESS	Rt. 3, Box 67	8.3 ADDRESS	
8.4 CITY-ST-ZIP	Hawthorne, FL 32640-2146	8.4 CITY-ST-ZIP	
9.1 TITLE	D	9.1 TITLE	
9.2 NAME	Whitehead, John	9.2 NAME	
9.3 ADDRESS	Rt. 1, Box 478	9.3 ADDRESS	
9.4 CITY-ST-ZIP	Lake Butler, FL 32054	9.4 CITY-ST-ZIP	