

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

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 387477 (3)

1. Corporation Name
TWELVE COUNTY UTILITY COMPANY



Principal Place of Business 225 WEST WALKER DRIVE P.O. BOX 308 KEYSTONE HGTS. FL 32656	Mailing Address 225 WEST WALKER DRIVE P.O. BOX 308 KEYSTONE HGTS. FL 32656
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3. Date Incorporated or Qualified 08/26/1971	3a. Date of Last Report 04/27/1995
4. FEI Number 59-1613094	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

81. Name
82. Street Address (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 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	HASTINGS, ANGUS	
STREET ADDRESS	17188 NE 45TH AVENUE ROAD	
CITY-ST-ZIP	FT MCCOY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GNANN, FLOYD	
STREET ADDRESS	4138 EVERETT AVENUE	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WINGATE, RAYMOND	
STREET ADDRESS	6505 IMMOKOLEE RD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, CEDRICK M JR	
STREET ADDRESS	RTE 1 BOX 350	
CITY-ST-ZIP	MICANOPY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MULLINS, ROBERT S.	
STREET ADDRESS	1702 S. WATER STREET	
CITY-ST-ZIP	STARKE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MALPHURS, THOMAS L.	
STREET ADDRESS	ROUTE 1, BOX 84	
CITY-ST-ZIP	ALACHUA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Ft. McCoy, FL 32134
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Middleburg, FL 32068
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Keystone Heights, FL 32656
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	106 NE 6th Ave.
4.4 CITY-ST-ZIP	Williston, FL 32696
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Starke, FL 32091
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Alachua, FL 32615

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: Ray Wingate 04/02/96 (352) 473-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

22

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
7.1 TITLE	D	7.1 TITLE	Change Addition
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	SD X Change Addition
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	Change Addition
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	