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FILED
May 01 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

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 32656-0308**

3. Date Incorporated or Qualified **08/26/1971** 3a. Date of Last Report **04/23/1996**
 4. FEI Number **59-1613094** 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

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

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HASTINGS, ANGUS	
STREET ADDRESS	17188 NE 45TH AVENUE ROAD	
CITY-ST-ZIP	FT. MCCOY FL 32134	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GNANN, FLOYD	
STREET ADDRESS	4138 EVERETT AVENUE	
CITY-ST-ZIP	MIDDLEBURG FL 32088	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WINGATE, RAYMOND	
STREET ADDRESS	6505 IMMOKOLEE RD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, CEDRICK M JR	
STREET ADDRESS	108 NE 6TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MULLINS, ROBERT S.	
STREET ADDRESS	1702 S. WATER STREET	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MALPHURS, THOMAS L.	
STREET ADDRESS	ROUTE 1, BOX 84	
CITY-ST-ZIP	ALACHUA FL 32815	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	17216 NW 262 Ave	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 address.

SIGNATURE *[Handwritten Signature]*

CR2E034 (9/96)

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	