

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/26/1971
4. FEI Number 59-1613094
Applied For Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

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	D	<input type="checkbox"/> DELETE
NAME	GNANN, FLOYD	
STREET ADDRESS	4138 EVERETT AVENUE	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, CEDRICK M JR	
STREET ADDRESS	106 NE 8TH AVE	
CITY-ST-ZIP	WILLISTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MULLINS, ROBERT S.	
STREET ADDRESS	1702 S. WATER STREET	
CITY-ST-ZIP	STARKE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MALPHURS, THOMAS L.	
STREET ADDRESS	17216 NW 262 AVE	
CITY-ST-ZIP	ALACHUA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	MIDDLEBURG, FL 32068
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P/D
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	WILLISTON, FL 32696
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S/D
4.3 STREET ADDRESS	1700 S. WATERS ST.
4.4 CITY-ST-ZIP	STARKE, FL 32091
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	ALACHUA, FL 32615
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	WINGATE, RAYMOND
6.4 CITY-ST-ZIP	6505 INMOLEE RD KEYSTONE HEIGHTS, FL 32656

14. I 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 any attachment with an address.

SIGNATURE: _____

4/3/98

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
7.1 TITLE		7.1 TITLE	D Change X Addition
7.2 NAME		7.2 NAME	Smith, Kelly R., Jr.
7.3 ADDRESS		7.3 ADDRESS	Rt. 2, Box 1746
7.4 CITY-ST-ZIP		7.4 CITY-ST-ZIP	Palatka, FL 32177
8.1 TITLE		8.1 TITLE	V/P X Change X Addition
8.2 NAME		8.2 NAME	Reeves, Susan S.
8.3 ADDRESS		8.3 ADDRESS	P.O. Box 328
8.4 CITY-ST-ZIP		8.4 CITY-ST-ZIP	Hawthorne, FL 32640
9.1 TITLE		9.1 TITLE	T/D X Change X Addition
9.2 NAME		9.2 NAME	Whitehead, John
9.3 ADDRESS		9.3 ADDRESS	Rt. 1, Box 478
9.4 CITY-ST-ZIP		9.4 CITY-ST-ZIP	Lake Butler, FL 32054
10.1 TITLE		10.1 TITLE	CEO Change X Addition
10.2 NAME		10.2 NAME	Phillips, William C.
10.3 ADDRESS		10.3 ADDRESS	225 W. Walker Dr.
10.4 CITY-ST-ZIP		10.4 CITY-ST-ZIP	Keystone Heights, FL 32656