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May 04, 1999 8:00 am
Secretary of State

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US60649

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 387477
 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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29
Country 25	Country 30

3. Date Incorporated or Qualified 08/26/1971	Applied For Not Applicable
4. FEI Number 59-1613094	
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 the current year Intangible Personal Property Tax. <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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 32134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GNANN, FLOYD	
STREET ADDRESS	4138 EVERETT AVENUE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, CEDRICK M JR	
STREET ADDRESS	106 NE 6TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MULLINS, ROBERT S.	
STREET ADDRESS	1700 S WATERS ST	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALPHURS, THOMAS L.	
STREET ADDRESS	17216 NW 262 AVE	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINGATE, RAYMOND	
STREET ADDRESS	6505 IMMOKOLEE RD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/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	T/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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-99 (352) 473-8000
 Date Daytime Phone #

CR2E034 (1/98)

475588-90017-1
387477

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
7.1 TITLE		7.1 TITLE	D X Change X Addition
7.2 NAME		7.2 NAME	Smith, Kelly R., Jr.
7.3 ADDRESS		7.3 ADDRESS	P.O. Box 75 N/A
7.4 CITY-ST-ZIP		7.4 CITY-ST-ZIP	Bostwick, Fl 32007
8.1 TITLE		8.1 TITLE	D X Change X Addition
8.2 NAME		8.2 NAME	Reeves, Susan S.
8.3 ADDRESS		8.3 ADDRESS	12028 SE Hwy 301
8.4 CITY-ST-ZIP		8.4 CITY-ST-ZIP	Hawthorne, Fl 32640
9.1 TITLE		9.1 TITLE	V/D X Change X Addition
9.2 NAME		9.2 NAME	Whitehead, John
9.3 ADDRESS		9.3 ADDRESS	RT. 1 Box 478 N/A
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

*Note the N/A in the address is because no street address is available.