

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 APR 24 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715080 (8)

1. Corporation Name
SOUTH WALTON UTILITY COMPANY, INC.

Principal Place of Business 5054 HIGHWAY 98 EAST DESTIN FL 32541-4122 US	Mailing Address 5054 HIGHWAY 98 EAST DESTIN FL 32541-4122 US
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2. Principal Place of Business 21 79 OLD HIGHWAY 98	2a. Mailing Address 26 79 OLD HIGHWAY 98
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DESTIN, FL	City & State 28 DESTIN, FL
Zip 24 32541-4122	Country 25 USA
Zip 29 32541-4122	Country 30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/09/1968	3a. Date of Last Report 04/20/1994
4. FEI Number 59-1673712	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ANCHORS, C LEDON
909 MAR WALT DRIVE, SUITE 1014
FT WALTON BEACH FL 32548**

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME MAIN, JOHN F	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 361 GOLF VIEW DR	CITY-ST-ZIP DESTIN, FL 00000	12 NAME	
TITLE VD	NAME SULLI, SAMUEL	13 STREET ADDRESS	
STREET ADDRESS 5116 LAKEVIEW, GULF PNES	CITY-ST-ZIP DESTIN, FL 00000	14 CITY-ST-ZIP	
TITLE D	NAME FEATHERSTON, GREG	21 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1432 BAYTOWNE AVENUE EAST	CITY-ST-ZIP DESTIN, FL 00000	22 NAME CLARK, DUANE D.	
TITLE TD	NAME GOAD, LEWIS H.	23 STREET ADDRESS 1860 OLD HIGHWAY 98	
STREET ADDRESS RT. 1 BOX 217	CITY-ST-ZIP SANTA ROSA BCH FL	24 CITY-ST-ZIP DESTIN, FL 32541-3987	
TITLE SD	NAME SMITH, DONALD J.	31 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1118 FOREST DR	CITY-ST-ZIP DESTIN FL	32 NAME FEATHERSTON, GREG	
TITLE D	NAME BROWN, SHELBY W.	33 STREET ADDRESS POST OFFICE BOX 6417	
STREET ADDRESS 3016 BAY VILLA DRIVE	CITY-ST-ZIP DESTIN, FL 00000	34 CITY-ST-ZIP DESTIN, FL 32541-6417	
		41 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME GOAD, LEWIS H.	
		43 STREET ADDRESS 157 TURQUOISE BEACH DRIVE	
		44 CITY-ST-ZIP SANTA ROSA BEACH, FL 32459-9752	
		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

14. I do hereby certify that the information applied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **John F. Main, President** 4/18/95 904/837-2988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

715080

SOUTH WALTON UTILITY COMPANY, INC.

DOCUMENT # 715080

Continuation Sheet

Item #12 -- Officers and Directors (Continued):

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ROSS, WENDY G.

1010 FOREST DRIVE

DESTIN, FL 32541-3950