

FILE NOW: FILING FEE IS \$61.25

FILED

**May 05 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 715080 (8)

1. Corporation Name

SOUTH WALTON UTILITY COMPANY, INC.



Principal Place of Business

Mailing Address

**79 OLD HIGHWAY 98
DESTIN FL 32541-4122
US**

**79 OLD HIGHWAY 98
DESTIN FL 32541-4938
US**

3. Date Incorporated or Qualified **08/09/1968** 3a. Date of Last Report **02/02/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-1673712** Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 City & State

28 City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip

Country

29 Zip

Country

25 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAIN, JOHN F	
STREET ADDRESS	361 GOLF VIEW DR	
CITY-ST-ZIP	DESTIN, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, WENDY G	
STREET ADDRESS	1010 FOREST DR	
CITY-ST-ZIP	DESTIN FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FEATHERSTON, GREG	
STREET ADDRESS	POST OFFICE BOX 8417 N/A	
CITY-ST-ZIP	DESTIN, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOAD, LEWIS H.	
STREET ADDRESS	157 TURQUOISE BEACH DRIVE	
CITY-ST-ZIP	SANTA ROSA BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, DONALD J.	
STREET ADDRESS	1118 FOREST DR	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, SHELBY W.	
STREET ADDRESS	3016 BAY VILLA DRIVE	
CITY-ST-ZIP	DESTIN, FL 00000	

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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BILL V. BROWN	
2.3 STREET ADDRESS	5294 TIVOLI DRIVE	
2.4 CITY-ST-ZIP	DESTIN, FL 32541	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAM FRANCE	
3.3 STREET ADDRESS	167 COVE AT SEVENTEEN	
3.4 CITY-ST-ZIP	DESTIN, FL 32541	
4.1 TITLE		<input 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JACK J. MCGILL	
6.3 STREET ADDRESS	501 MAGNOLIA PLACE	
6.4 CITY-ST-ZIP	DESTIN, FL 32541	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)