

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90064 050 \*\*\*\*61.25

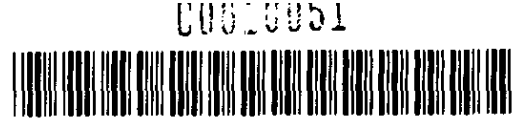
**DOCUMENT # 715080**

1. Entity Name

**SOUTH WALTON UTILITY COMPANY, INC.**

Principal Place of Business 79 OLD HIGHWAY 98 DESTIN FL 32541-4938 US	Mailing Address 79 OLD HIGHWAY 98 DESTIN FL 32541-4938 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number <b>59-1673712</b>	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	OUSLEY, RICHARD N	
STREET ADDRESS	127 BEACH DRIVE EAST	
CITY-ST-ZIP	DESTIN, FL 00000 32541	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, BILL V	
STREET ADDRESS	5294 TIVOLI DRIVE	
CITY-ST-ZIP	DESTIN FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FRANCE, WILLIAM	
STREET ADDRESS	167 COVE AT SEVENTEEN	
CITY-ST-ZIP	DESTIN, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARPER, MILTON J	
STREET ADDRESS	L'ATRIUM, #311	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, MICHAEL R	
STREET ADDRESS	11176 HWY 98 WEST	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCGILL, JACK J	
STREET ADDRESS	501 MAGNOLIA PLACE	
CITY-ST-ZIP	DESTIN, FL 00000	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DODSON, TOM	
STREET ADDRESS	1804 Baytowne Avenue N.	
CITY-ST-ZIP	Destin, FL 32541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREEL, KENNETH D.	
STREET ADDRESS	100 Seascape Drive #63B	
CITY-ST-ZIP	Destin, FL 32541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDSON, MICHAEL R	
STREET ADDRESS	11176 HWY 98 WEST	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGILL, JACK J	
STREET ADDRESS	501 MAGNOLIA PLACE	
CITY-ST-ZIP	DESTIN, FL 32541	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Bill V. Brown* **Bill V. Brown** 1/14/00 (850) 837-2988

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

CR2E037 (9/99)