

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90142 041 ****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

00042000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1673712

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" 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	D	<input type="checkbox"/> Delete
NAME	HARPER, MILTON J	
STREET ADDRESS	L'ATRIUM, #311	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Creel	
STREET ADDRESS	100 Seascape Dr. #63B	
CITY-ST-ZIP	Destin, Florida 32550	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Richardson	
STREET ADDRESS	11176 Highway 98 W	
CITY-ST-ZIP	Destin, Florida 32550	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack McGill	
STREET ADDRESS	501 Magnolia Place	
CITY-ST-ZIP	Destin, Florida 32550	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Flynt	
STREET ADDRESS	204 Bayshore Drive	
CITY-ST-ZIP	Destin, Florida 32550	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Dodson	
STREET ADDRESS	1804 Baytowne Ave.	
CITY-ST-ZIP	Destin, Florida 32550	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)