


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90214 007 ****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**

2. Principal Place of Business
79 Scenic Gulf Dr.
Suite, Apt. #, etc.

3. Mailing Address
79 Scenic Gulf Dr.
Suite, Apt. #, etc.

City & State
Miramar Beach, FL

City & State
Miramar Beach, FL

Zip
32550

Country

Zip
32550

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1673712**

Applied For
 Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	CREEL, KEN	
STREET ADDRESS	100 SEASCAPE DRIVE #63 B	
CITY-ST-ZIP	DESTIN FL 32550	
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	KENT, JOHN	
STREET ADDRESS	1252 DEERWOOD	
CITY-ST-ZIP	DESTIN FL 32550	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RICHARDSON, MICHAEL	
STREET ADDRESS	11176 HIGHWAY 98 WEST	
CITY-ST-ZIP	DESTIN FL 32550	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCGILL, JACK	
STREET ADDRESS	501 MAGNOLIA PLACE	
CITY-ST-ZIP	DESTIN FL 32550	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLYNT, MICHAEL	
STREET ADDRESS	204 BAYSHORE DRIVE	
CITY-ST-ZIP	DESTIN FL 32550	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Berberich, WM	
STREET ADDRESS	1526 Island Green	
CITY-ST-ZIP	Destin, FL 32550	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR