

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 709581 (3)

1. Corporation Name

BRATT-DAVISVILLE WATER SYSTEM, INC.

Principal Place of Business

11224 HWY 97  
P.O. DRAWER 770  
ATMORE AL 36504

Mailing Address

11224 HWY 97  
P.O. DRAWER 770  
ATMORE AL 36504



3. Date Incorporated or Qualified  
09/13/1965

3a. Date of Last Report  
01/25/1995

2. Principal Place of Business

21 11100 HWY 97

2a. Mailing Address

26 SAME

4. FEI Number  
63-0596247

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, HERMAN  
2950 PURDUE RD  
MCDAVID 32568

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 P  
NAME JOHNSON, HERMAN ☐ DELETE  
STREET ADDRESS 2950 PURDUE RD  
CITY-ST-ZIP MCDAVID FL

1.1 TITLE  
1.2 NAME ☐ Change ☐ Addition  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  
NAME STEWART, ROBERT L. ☒ DELETE  
STREET ADDRESS 7530 MORTON ROAD  
CITY-ST-ZIP CENTURY FL

2.1 TITLE V  
2.2 NAME VAN PELT, JAMES  
2.3 STREET ADDRESS 9410 HWY 97  
2.4 CITY-ST-ZIP CENTURY FL 32535 ☒ Change ☐ Addition

TITLE ST  
NAME RYLAND, BEVERLY ☐ DELETE  
STREET ADDRESS 5650 PINE FOREST RD  
CITY-ST-ZIP WALNUT HILL FL

3.1 TITLE  
3.2 NAME ☐ Change ☐ Addition  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME ROLEY, JIMMY ☐ DELETE  
STREET ADDRESS 5810 N. HWY 99  
CITY-ST-ZIP CENTURY FL

4.1 TITLE  
4.2 NAME ☐ Change ☐ Addition  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME JOHNSON, DAVID ☐ DELETE  
STREET ADDRESS 4461 W STATE LINE RD  
CITY-ST-ZIP BRATT FL

5.1 TITLE  
5.2 NAME ☐ Change ☐ Addition  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME VAN PELT, JAMES ☒ DELETE  
STREET ADDRESS 9410 HWY 97  
CITY-ST-ZIP CENTURY FL

6.1 TITLE D  
6.2 NAME STEWART, ROBERT L  
6.3 STREET ADDRESS 7530 MORTON RD  
6.4 CITY-ST-ZIP CENTURY FL 32535 ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Beverly Ryland*

BEVERLY RYLAND

11/18/96

904-327-6778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)