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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 36504-0770



3. Date Incorporated or Qualified **09/13/1965** 3a. Date of Last Report **01/24/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 63-0586247	Applied For <input type="checkbox"/> Not Applicable
21 11100 HWY 97	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 MCDavid FLORIDA	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 32568	25 ESCAMBIA	29	30

9. Name and Address of Current Registered Agent

JOHNSON, HERMAN
2950 PURDUE RD
MCDavid 32568

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HERMAN	1.2 NAME	
STREET ADDRESS	2950 PURDUE RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MCDavid FL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANPELT, JAMES	2.2 NAME	
STREET ADDRESS	9410 HWY 97	2.3 STREET ADDRESS	
CITY - ST - ZIP	CENTURY FL	2.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYLAND, BEVERLY	3.2 NAME	
STREET ADDRESS	5650 PINE FOREST RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	WALNUT HILL FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLEY, JIMMY	4.2 NAME	
STREET ADDRESS	5810 N. HWY 99	4.3 STREET ADDRESS	
CITY - ST - ZIP	CENTURY FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DAVID	5.2 NAME	
STREET ADDRESS	4461 W STATE LINE RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BRATT FL	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, ROBERT L.	6.2 NAME	JEFFERY HESTER
STREET ADDRESS	7530 MORTON ROAD	6.3 STREET ADDRESS	4301 HWY 99
CITY - ST - ZIP	CENTURY FL	6.4 CITY - ST - ZIP	CENTURY FL 32535

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.

SIGNATURE:

Beverly Ryland **BEVERLY RYLAND**

1/14/97 904-327-6778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # **0076064**

CR2E037 (9/96)