


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 704930 (7)</b> 1. Corporation Name <b>WAHNETA WATER SYSTEM, INC.</b>					
Principal Place of Business 106 EIGHTH STREET, EAST-WAHNETA WINTER HAVEN FL 33880		Mailing Address 106 EIGHTH STREET, EAST-WAHNETA WINTER HAVEN FL 33880		3. Date Incorporated or Qualified <b>12/14/1962</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number <b>59-1093070</b> Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HAMM, WILLIAM C., JR. 170 E. HAINES BLVD. WINTER HAVEN, FLA LAKE ALFRED FL 33850</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	LEON FEAGIN				
STREET ADDRESS	450 4TH ST. E. WAHNETA				
CITY-ST-ZIP	WINTER HAVEN FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LAMBERT, RANDY				
STREET ADDRESS	100 SURF DR.				
CITY-ST-ZIP	WINTER HAVEN FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	CROWLEY, JANICE				
STREET ADDRESS	114 2ND TERRACE WEST WAHNETA				
CITY-ST-ZIP	WINTER HAVEN FL				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	WILLIAM, DEHART				
STREET ADDRESS	420 4TH ST E WAHNETA				
CITY-ST-ZIP	WINTER HAVEN FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	FLOYCE WHITTINGTON				
STREET ADDRESS	217 9TH ST. E. WAHNETA				
CITY-ST-ZIP	WINTER HAVEN FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BRYANT, CARL				
STREET ADDRESS	510 AVE A, E WAHNETA				
CITY-ST-ZIP	WINTER HAVEN FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. 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 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: <u>Leon O. Feagin</u> 1-23-98 (941) 324-5389					

CR2E037 (10/97)