FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:14

DOCUMENT # 707677 (1)

1. Corporation Name
STEINHATCHEE WATER ASSOCIATION INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1313 1ST AVE. S.E POST OFFICE BOX 49 STEINHATCHEE FL 32359 US	FIRST AVE. S & 11TH STREET EAST POST OFFICE BOX 49 STEINHATCHEE FL 32359

3. Date Incorporated or Qualified: 08/06/1964
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1150325 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 1313 1st Ave SE
Suite, Apt. #, etc. 22 PO Box 670	Suite, Apt. #, etc. 27 P.O. Box 670
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
BAXTER, HUBBARD T. 1ST AVE S & 14 ST ~~PO BOX 49~~ STEINHATCHEE FL 32359	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1313 1st Ave SE 83 P.O. Box 670 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ALBERT	1.2 NAME	
STREET ADDRESS	STAR ROUTE, BOX 2	1.3 STREET ADDRESS	
CITY-ST-ZIP	STEINHATCHEE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	LUNDY, BOBBY	2.2 NAME	
STREET ADDRESS	P. O. BOX 328 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	STEINHATCHEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	REED, BROWARD	3.2 NAME	
STREET ADDRESS	P.O.BOX 15, NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	STEINHATCHEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JAMES E	4.2 NAME	
STREET ADDRESS	P.O. BOX 608 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	STEINHATCHEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ADCOCK, JAMES R	5.2 NAME	
STREET ADDRESS	P.O. BOX 659 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	STEINHATCHEE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BAXTER, HUBBARD T	6.2 NAME	
STREET ADDRESS	P.O. BOX 504 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	STEINHATCHEE FL	6.4 CITY-ST-ZIP	

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)(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: Hubbard T. Baxter H.T. BAXTER 1/23/95 904-498-3526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028230