

**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  
22 Suite, Apt. #, etc.  
23 City & State  
24 Zip 25 Country

2a. Mailing Address: 26 SAME  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip 30 Country

4. FEI Number: 63-0596247  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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	P	<input type="checkbox"/> DELETE
NAME	JOHNSON, HERMAN	
STREET ADDRESS	2950 PURDUE RD	
CITY-ST-ZIP	MCDAVID FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, ROBERT L.	
STREET ADDRESS	7530 MORTON ROAD	
CITY-ST-ZIP	CENTURY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RYLAND, BEVERLY	
STREET ADDRESS	5650 PINE FOREST RD	
CITY-ST-ZIP	WALNUT HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROLEY, JIMMY	
STREET ADDRESS	5810 N. HWY 99	
CITY-ST-ZIP	CENTURY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, DAVID	
STREET ADDRESS	4461 W STATE LINE RD	
CITY-ST-ZIP	BRATT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VAN PELT, JAMES	
STREET ADDRESS	9410 HWY 97	
CITY-ST-ZIP	CENTURY 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VAN PELT, JAMES
2.3 STREET ADDRESS	9410 HWY 97
2.4 CITY-ST-ZIP	CENTURY FL 32535
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STEWART, ROBERT L.
6.3 STREET ADDRESS	7530 MORTON RD
6.4 CITY-ST-ZIP	CENTURY FL 32535

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 1/18/96 904-327-6778

CR2E037 (12/95)