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FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 11100 HWY 97 MC DAVID FL 36504- US 32568	Mailing Address 11224 HWY 97 P.O. DRAWER 770 ATMORE AL 36504
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3. Date Incorporated or Qualified
09/13/1965

4. FEI Number
63-0596247

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21 11100 HWY 97 Suite, Apt. #, etc.	2a. Mailing Address 26 PO DRAWER 770 Suite, Apt. #, etc.
22 City & State 23 MC DAVID FL	27 City & State 28 ATMORE AL
24 Zip 32568 25 Country US	29 Zip 36504 30 Country US

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 **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 _____ (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 type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESTER, JEFFREY	6.2 NAME	
STREET ADDRESS	4301 HWY 99	6.3 STREET ADDRESS	
CITY-ST-ZIP	CENTURY FL	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: SUBSIGNATURE OF BEVERLY RYLAND 1/7/98 850-321-6778

CR2E037 (10/97)