FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

96 FEB -9 AM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712468 (8)

1. Corporation Name

INLET BEACH WATER SYSTEM, INC.

Principal Place of Business	Mailing Address
CARSON LANE P.O. BOX 147 SUNNYSIDE FL 32461	CARSON LANE P.O. BOX 147 SUNNYSIDE FL 32461

3. Date Incorporated or Qualified: 03/22/1967

3a. Date of Last Report: 02/06/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: NOT APPLICABLE ☐ 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**

WASCHENBACH, CLETA
15 WINSTON LANE
PANAMA CITY BEACH FL 32413

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 _____ 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	ST	☐ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	WASCHENBACH, CLETA		12 NAME	Don Schroeder	
STREET ADDRESS	15 WINSTON LN		13 STREET ADDRESS	258 Park Pl. Inlet Beach	
CITY-ST-ZIP	PANAMA CITY BEACH FL		14 CITY-ST-ZIP	PCB, FL 32413	
TITLE	VD	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	SCHROEDER, DON		22 NAME	VD	
STREET ADDRESS	258 PARK PLACE INLET BEACH		23 STREET ADDRESS	Oliver Crews	
CITY-ST-ZIP	PANAMA CITY BCH FL		24 CITY-ST-ZIP	115 Winston LN PCB, FL 32413	
TITLE	D	☐ DELETE	31 TITLE	D	☐ Change ☒ Addition
NAME	KINGINGHAM, TOM		32 NAME	Patricia Byrne	
STREET ADDRESS	LAKE SHORE		33 STREET ADDRESS	384 Walton Rose Ln.	
CITY-ST-ZIP	INLET BEACH FL		34 CITY-ST-ZIP	PCB, FL 32413	
TITLE	PD	☒ DELETE	41 TITLE	D	☐ Change ☒ Addition
NAME	GILDER, HARRY		42 NAME	David Cummins	
STREET ADDRESS	WALTON ROSE LN BOX 4915		43 STREET ADDRESS	100 W. Park Pl.	
CITY-ST-ZIP	PANAMA CITY BEACH FL		44 CITY-ST-ZIP	PCB, FL 32413	
TITLE	D	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	AMMERMAN, RICHARD		52 NAME		
STREET ADDRESS	135 HOLLY LEAF LN		53 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	CREWS, OLIVER		62 NAME		
STREET ADDRESS	ROSE LANE		63 STREET ADDRESS		
CITY-ST-ZIP	INLET BEACH FL		64 CITY-ST-ZIP		

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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: Cleta Waschenbach Sec/Treas 1-24-96 904-231-4498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #