

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712468 (8)**

1. Corporation Name  
**INLET BEACH WATER SYSTEM, INC.**

Principal Place of Business <b>CARSON LANE P.O. BOX 147 SUNNYSIDE FL 32461</b>	Mailing Address <b>CARSON LANE P.O. BOX 147 SUNNYSIDE FL 32461-0147</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	3. Date Incorporated or Qualified <b>03/22/1967</b>	3a. Date of Last Report <b>02/09/1996</b>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>WASCHENBACH, CLETA 15 WINSTON LANE PANAMA CITY BEACH FL 32413</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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	<b>ST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WASCHENBACH, CLETA</b>	1.2 NAME	
STREET ADDRESS	<b>15 WINSTON LN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHROEDER, DON</b>	2.2 NAME	
STREET ADDRESS	<b>258 PARK PLACE INLET BEACH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY BCH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KINGINGHAM, TOM</b>	3.2 NAME	<b>VD</b>
STREET ADDRESS	<b>LAKE SHORE</b>	3.3 STREET ADDRESS	<b>Nancy O'Conner</b>
CITY-ST-ZIP	<b>INLET BEACH FL</b>	3.4 CITY-ST-ZIP	<b>174 Walton Palm Rd.</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Panama City Bch, FL 32413</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BYRNE, PATRICIA</b>	4.2 NAME	
STREET ADDRESS	<b>384 WALTON ROSE LN.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL 32413</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CUMMINS, DAVID</b>	5.2 NAME	<b>Ernest Brown</b>
STREET ADDRESS	<b>100 W. PARK PL.</b>	5.3 STREET ADDRESS	<b>225 Carson Ln</b>
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL 32413</b>	5.4 CITY-ST-ZIP	<b>Panama City Bch, FL 32413</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CREWS, OLIVER</b>	6.2 NAME	
STREET ADDRESS	<b>115 WINSTON LN</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL 32413</b>	6.4 CITY-ST-ZIP	

14. I do 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: Cleta Waschenbach, Sec/Treas 2/6/97 904-231-4498  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/96)