

DOCUMENT # 712468

1. Entity Name

INLET BEACH WATER SYSTEM, INC.

Principal Place of Business

149 CARSON LANE
PANAMA CITY BEACH FL 32413
US

Correct

Mailing Address

149 CARSON LANE
PANAMA CITY BEACH FL 32413
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MAKAR, JOHN~~
~~132 EARL RD~~
~~PANAMA CITY BEACH FL 32413~~

Name

BOB MITCHELL (ROBERT)

Street Address (P.O. Box Number is Not Acceptable)

7015 S LAGOON DR

City

PANAMA CITY BCH

FL

Zip Code

32408

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Robert A. Mitchell

1/3/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME JOINER, JERRY
STREET ADDRESS 154 PARK PL
CITY-ST-ZIP PANAMA CITY BEACH FL 32413 ☒ Delete

TITLE VD
NAME WOOD, JACK
STREET ADDRESS 114 LAKEVIEW DR
CITY-ST-ZIP HEFLIN AL 32664-1620 ☐ Delete *OK*

TITLE D
NAME JOHNSON, RONNIE
STREET ADDRESS 256 N WALL ST
CITY-ST-ZIP PANAMA CITY BEACH FL 32413 ☒ Delete

TITLE D
NAME POUNDSTONE, MIKE
STREET ADDRESS 620 N WALTON LAKESHORE DR
CITY-ST-ZIP PANAMA CITY BEACH FL 32413 ☒ Delete

TITLE D
NAME MAKAR, JOHN
STREET ADDRESS 132 EARL RD
CITY-ST-ZIP PANAMA CITY BEACH FL 32413 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PRESIDENT
NAME PAUL CRAIG ROBERTS
STREET ADDRESS 169 POMPANO ST
CITY-ST-ZIP PANAMA CITY BCH FL 32413 ☒ Change ☐ Addition. *Current Pres*

TITLE DIRECTOR
NAME BOB MITCHELL
STREET ADDRESS 7015 S LAGOON DR
CITY-ST-ZIP PANAMA CITY BCH FL 32408 ☒ Change ☐ Addition

TITLE DIRECTOR
NAME TERRY GARNER
STREET ADDRESS 236 W PARK PL
CITY-ST-ZIP PANAMA CITY BCH FL 32413 ☒ Change ☐ Addition

TITLE DIRECTOR
NAME DR PATRICK B JONES
STREET ADDRESS 120 BOX 813
CITY-ST-ZIP DOTHAN AL 36302 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert A. Mitchell

Date

Daytime Phone #

1-3-2001

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90052 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)