

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

**FILED
95 SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32301**

DOCUMENT # 715049 (3)

1. Corporation Name

POINT BAKER WATER SYSTEM, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/01/1968	3a. Date of Last Report 02/03/1994
4. FEI Number 59-1296743	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	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
6857 HIGHWAY 89 MILTON FL 32570		6857 HIGHWAY 89 MILTON FL 32570	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country		
24	25	29	30

9. Name and Address of Current Registered Agent

**LARRY WHITE & ASSOC INS OF MILTON
204 ESCAMBIA ST
MILTON FL 32570**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Sec/Treas.
NAME	WARD, JOEL	1.2 NAME	Smith, Willie D.
STREET ADDRESS	5325 HWY 182	1.3 STREET ADDRESS	6425 Sycamore Street
CITY-ST-ZIP	JAY FL	1.4 CITY-ST-ZIP	Milton, Florida 32570
TITLE	D	2.1 TITLE	
NAME	BEASLEY, JERRY H.	2.2 NAME	Womack, Jerry H.
STREET ADDRESS	700 LYNCH BEASLEY LANE	2.3 STREET ADDRESS	6524 Bass Lane
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	Milton, Florida 32570
TITLE	D	3.1 TITLE	
NAME	SPICER, ERNIE	3.2 NAME	Beasley, Willard
STREET ADDRESS	6257 ROBIN HOOD RD.	3.3 STREET ADDRESS	590 Elendlea Lane
CITY-ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP	Milton, Florida 32570
TITLE	D	4.1 TITLE	Vice President
NAME	DRIGGERS, JERRY	4.2 NAME	Driggers, Jerry
STREET ADDRESS	6404 SPRUCE STREET	4.3 STREET ADDRESS	6404 Spruce Street
CITY-ST-ZIP	MILTON FL	4.4 CITY-ST-ZIP	Milton, Florida 32570
TITLE	PD	5.1 TITLE	
NAME	SINGLETARY, R.M.	5.2 NAME	Edward G. Rowell
STREET ADDRESS	7351 HIGHWAY 80	5.3 STREET ADDRESS	420 Oakland Drive
CITY-ST-ZIP	MILTON FL	5.4 CITY-ST-ZIP	Milton, Florida 32570
TITLE	D	6.1 TITLE	
NAME	STEWART, JAMES P	6.2 NAME	
STREET ADDRESS	700 LYNCH BEASLEY LANE P.O. Box 764	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32572	6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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 the attachment with an address.

SIGNATURE:

Willie D. Smith

Willie D. Smith, Secretary/Treasurer

1/18/95

Date

Signature