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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **715049**

1. Corporation Name
POINT BAKER WATER SYSTEM, INC.

Principal Place of Business	Mailing Address
6857 HIGHWAY 89 MILTON FL 32570	6857 HIGHWAY 89 MILTON FL 32570

2. Principal Place of Business [21]
Suite, Apt. #, etc. [22]
City & State [23]
Zip [24] Country [25]

2a. Mailing Address [26]
Suite, Apt. #, etc. [27]
City & State [28]
Zip [29] Country [30]

3. Date Incorporated or Qualifed: 08/01/1968

4. FEI Number: 59-1296743 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MILTON ISURANCE AGENCY
204 ESCAMBIA ST
MILTON FL 32570

10. Name and Address of New Registered Agent Same

81 Name: Milton Insurance Agency
82 Street Address (P.O. Box Number is Not Acceptable): 204 Escambia St.
83 Milton, Florida 32570
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 Theodore W. Hudson, Agent — 1/5/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BORDERS, VERNON R 6236 OGLESBY RD MILTON FL 32570	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP James F. Cutts 6237 Willard Norris Rd. Milton, Florida 32570	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WOMACK, JERRY H. 6524 BASS LANE MILTON FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Dwight Lincoln 6264 Jay's Way Milton, Florida 32570	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ D SPICER, ERNIE 6257 ROBIN HOOD RD. MILTON FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Edward Rowell 420 Oakland Drive Milton, Florida 32570	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DRIGGERS, JERRY 6404 SPRUCE ST. MILTON FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Ernie Spicer 6257 Robin Hood Rd. Milton, Florida 32570	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEASLEY, WILLARD 590 ELENDIEA LANE MILTON FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWART, JAMES P. P. O. BOX 764 MILTON FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jerry Womack, Sec/Treas. 1/5/99 850-626-2773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #