DOCUMENT # 715049

1. Entity Name

POINT BAKER WATER SYSTEM, INC.

**FILED**
**Jan 10, 2001 8:00 am**
**Secretary of State**
01-10-2001 90028 001 *****8.75
01-10-2001 90028 002 ****61.25

| Principal Place of Business | Mailing Address |
|---|---|
| 6857 HIGHWAY 89<br>MILTON FL 32570 | 6857 HIGHWAY 89<br>MILTON FL 32570 |

DO NOT WRITE IN THIS SPACE

| 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 59-1296743 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

MILTON ISURANCE AGENCY
204 ESCAMBIA ST
MILTON FL 32570

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CUTTS, JAMES F<br>6237 WILLARD NORRIS RD<br>MILTON FL 32570 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>Vernon R. Borders<br>6236 Oglesby Rd.<br>Milton, Florida 32570 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>WOMACK, JERRY H.<br>6524 BASS LANE<br>MILTON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>Willard Beasley<br>6316 Fairfield Dr.<br>Milton, Florida 32570 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SPICER, ERNIE<br>6257 ROBIN HOOD RD.<br>MILTON FL 32570 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>James P. Stewart<br>P.O. Box 605<br>Milton, Florida 32570 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>DRIGGERS, JERRY<br>6404 SPRUCE ST.<br>MILTON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LINCOLN, DWIGHT<br>6264 JAY'S WAY<br>MILTON FL 32570 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROWELL, EDWARD<br>420 OAKLAND DR<br>MILTON FL 32570 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** Jerry Womack SEC/TREASURER 1/3/01 1850-623-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #