

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3: 11

DOCUMENT # 716472 (6)

1. Corporation Name
MOSSYHEAD WATER WORKS, INC.

Principal Place of Business Mailing Address
P.O. BOX 435 P.O. BOX 435
MOSSY HEAD FL 32434 MOSSY HEAD FL 32434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/01/1969	3a. Date of Last Report 02/03/1994
4. FBI Number 59-1683307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent ADKINSON, CLAYTON J. M. 106 NORTH SIXTH STREET DEFUNIAK SPRINGS FL 32433	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRELL, TOM	1.2 NAME	
STREET ADDRESS	SPRING HILL ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MOSSY HEAD FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTALVO, ANGEL	2.2 NAME	
STREET ADDRESS	HWY 1087	2.3 STREET ADDRESS	
CITY - ST - ZIP	MOSSY HEAD FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUSINS, BOB	3.2 NAME	D/V/P
STREET ADDRESS	SHOAL RIVER ROAD	3.3 STREET ADDRESS	BOCK, BENNIE D.
CITY - ST - ZIP	MOSSY HEAD FL	3.4 CITY - ST - ZIP	RANGER RD.
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, FLORENCE	4.2 NAME	
STREET ADDRESS	1087 HWY	4.3 STREET ADDRESS	
CITY - ST - ZIP	MOSSY HEAD, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RONALD	5.2 NAME	
STREET ADDRESS	LEISURE LAKE ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	MOSSY HEAD FL	5.4 CITY - ST - ZIP	
TITLE	DVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUFFHAM, CLIFFORD	6.2 NAME	Delete
STREET ADDRESS	HWY 1087	6.3 STREET ADDRESS	
CITY - ST - ZIP	MOSSY HEAD FL	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 119.07(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 of this report, or on an attachment with an address.

SIGNATURE: Florence Richardson 2-1-95 (904) 892-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type or Print Name)