

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **05/01/1969** 3a. Date of Last Report **02/15/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees				
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ADKINSON, CLAYTON J. M. 106 NORTH SIXTH STREET N DEFUNIAK SPRINGS FL 32433				81	Name		
				82	Street Address (P.O. Box Number Is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRELL, TOM	1.2 NAME	SABE, JERRY
STREET ADDRESS	SPRING HILL ROAD	1.3 STREET ADDRESS	398 MILL CREEK DR
CITY-ST-ZIP	MOSSY HEAD FL	1.4 CITY-ST-ZIP	MOSSY HEAD FL 32434
TITLE	D <input type="checkbox"/> DELETE	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	DVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCK, BENNIE D.	3.2 NAME	BROWN, MALCOLM R. JR.
STREET ADDRESS	RANGER ROAD	3.3 STREET ADDRESS	233 RICH'S RD.
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	3.4 CITY-ST-ZIP	MOSSY HEAD, FL 32434
TITLE	ST <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	5.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RONALD	5.2 NAME	SMITH, RONALD
STREET ADDRESS	LEISURE LAKE ROAD	5.3 STREET ADDRESS	LEISURE LAKE ROAD
CITY-ST-ZIP	MOSSY HEAD FL	5.4 CITY-ST-ZIP	MOSSY HEAD FL 32434
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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.

SIGNATURE: Florence Richardson 1-15-96 (904) 892-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)