


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 P.O. BOX 435 MOSSY HEAD FL 32434	Mailing Address P.O. BOX 435 MOSSY HEAD FL 32434
--	--

3. Date Incorporated or Qualified 05/01/1969		
4. FEI Number 59-1683307	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

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

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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ADKINSON, CLAYTON J. M.
106 NORTH SIXTH STREET
N
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 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 _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TERRELL, TOM	
STREET ADDRESS	SPRING HILL ROAD	
CITY-ST-ZIP	MOSSY HEAD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTALVO, ANGEL	
STREET ADDRESS	HWY 1087	
CITY-ST-ZIP	MOSSY HEAD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, MALCOLM R JR	
STREET ADDRESS	233 RICH'S ROAD	
CITY-ST-ZIP	MOSSY HEAD FL 32434	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RICHARDSON, FLORENCE	
STREET ADDRESS	1087 HWY	
CITY-ST-ZIP	MOSSY HEAD, FL 00000	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SMITH, RONALD	
STREET ADDRESS	LEISURE LAKE ROAD	
CITY-ST-ZIP	MOSSY HEAD FL 32434	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SABE, JERRY	
STREET ADDRESS	398 MILL CREEK DR.	
CITY-ST-ZIP	MOSSY HEAD FL 32434	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	MILLER, TOM
1.4 CITY-ST-ZIP	588 VICKIE LANE MOSSY HEAD, FL 32434
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	PATRICK, JAMES
2.4 CITY-ST-ZIP	100 LEISURE LAKE RD. MOSSY HEAD, FL 32434
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Florence Richardson* SIGNATURE: *Florence Richardson* (850) 892-5571

CR2E037 (10/97)