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NONPROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 716472
1. Corporation Name
MOSSYHEAD WATER WORKS. INC.

Principal Place of Business
P.O. BOX 435 1289
MOSSY HEAD FL 32434
Mailing Address
P.O. BOX 435- 1289
MOSSY HEAD FL 32434



2. Principal Place of Business
2a. Mailing Address
3. Date Incorporated or Qualified
05/01/1969
4. FEI Number
59-1683307
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution

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

12. OFFICERS AND DIRECTORS
TITLE P
NAME TERRELL, TOM
STREET ADDRESS SPRING HILL ROAD
CITY-ST-ZIP MOSSY HEAD FL 32434
TITLE D
NAME MONTALVO, ANGEL
STREET ADDRESS HWY 1087
CITY-ST-ZIP MOSSY HEAD FL 32434
TITLE D
NAME BROWN, MALCOLM R JR
STREET ADDRESS 233 RICH'S ROAD
CITY-ST-ZIP MOSSY HEAD FL 32434
TITLE ST
NAME RICHARDSON, FLORENCE
STREET ADDRESS 1087 HWY
CITY-ST-ZIP MOSSY HEAD, FL 32434
TITLE DVP
NAME SMITH, RONALD
STREET ADDRESS LEISURE LAKE ROAD
CITY-ST-ZIP MOSSY HEAD FL 32434
TITLE D
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 D
1.2 NAME PATRICK, JAMES
1.3 STREET ADDRESS 100 LEISURE LAKE RD.
1.4 CITY-ST-ZIP MOSSY HEAD, FL 32434
2.1 TITLE D
2.2 NAME MILLER, TOM
2.3 STREET ADDRESS 588 VICKIE LAND
2.4 CITY-ST-ZIP MOSSY HEAD, FL 32434
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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, with all other like empowered.

SIGNATURE: Florence Richardson 1-20-99 (850) 892-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)