

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90057 027 ****61.25

706274



DO NOT WRITE IN THIS SPACE

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

Principal Place of Business P.O. BOX 1289 MOSSY HEAD FL 32434	Mailing Address P.O. BOX 1289 MOSSY HEAD FL 32434-1289
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2. Principal Place of Business Mossy Head Water Works Suite, Apt. #, etc.	3. Mailing Address 1485 County Hwy. 1087 Suite, Apt. #, etc.
City & State DeFuniak Springs, Fl.	City & State
Zip 32433	Country

4. FEI Number 59-1683307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADKINSON, CLAYTON J. M.
106 NORTH SIXTH STREET
N
DEFUNIAK SPRINGS FL 32433

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERRELL, TOM SPRING HILL ROAD MOSSY HEAD FL 32434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, JAMES 100 LEISURE LAKE RD. DEFUNIAK SPGS. FL 32433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTALVO, ANGEL HWY 1087 MOSSY HEAD FL 32434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLIGHTLY, STEVE 160 POND RD. DEFUNIAK SPGS, FL 32433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MALCOLM R JR 233 RICH'S ROAD MOSSY HEAD FL 32434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOLIGHTLY, SARAH L. 160 POND RD. DEFUNIAK SPGS, FL 32433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICHARDSON, FLORENCE 1087 HWY MOSSY HEAD FL 32434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, RONALD LEISURE LAKE ROAD MOSSY HEAD FL 32434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - DVP SABE, JERRY 398 MILL CREEK DR. MOSSY HEAD FL 32434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sarah L Golightly Sarah L Golightly 1-19-99 (850) 892-6154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)