

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90003 007 ****70.00

0016451

DOCUMENT # 716472

1. Entity Name

MOSSYHEAD WATER WORKS. INC.

Principal Place of Business

Mailing Address

1485 COUNTY HWY 1087
 DEFUNIAK SPRINGS FL 32433

1485 COUNTY HWY 1087
 DEFUNIAK SPRINGS FL 32433

AUUU6544



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Mossy Head Water Works 1485 County Hwy 1087

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DeFuniak Springs, FL

4. FEI Number

59-1683307

Applied For

Not Applicable

Zip
 32433

Country

Zip

Country

5.- Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P Delete
 NAME TERRELL, TOM
 STREET ADDRESS SPRING HILL ROAD
 CITY-ST-ZIP MOSSY HEAD FL 32434

TITLE D Change Addition
 NAME Tom Miller
 STREET ADDRESS 588 Vickie Lane
 CITY-ST-ZIP DeFuniak Springs, FL 32433

TITLE D Delete
 NAME MONTALVO, ANGEL
 STREET ADDRESS HWY 1087
 CITY-ST-ZIP MOSSY HEAD FL 32434

TITLE D Change Addition
 NAME Roger McDonald
 STREET ADDRESS 261 E. Roberts Rd
 CITY-ST-ZIP DeFuniak Springs, FL 32433

TITLE D Delete
 NAME BROWN, MALCOLM R JR
 STREET ADDRESS 233 RICH'S ROAD
 CITY-ST-ZIP MOSSY HEAD FL 32434

TITLE ST Change Addition
 NAME Karen L. Geiselman
 STREET ADDRESS 416 Rainbow Dr
 CITY-ST-ZIP Crestview FL 32539

TITLE D Delete
 NAME PATRICK, JAMES
 STREET ADDRESS 100 LEISURE LAKE RD
 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE Change Addition

TITLE ~~D~~ Delete
 NAME SMITH, RONALD
 STREET ADDRESS LEISURE LAKE ROAD
 CITY-ST-ZIP MOSSY HEAD FL 32434

TITLE Change Addition

TITLE DVP Delete
 NAME SABE, JERRY
 STREET ADDRESS 398 MILL CREEK DR.
 CITY-ST-ZIP MOSSY HEAD FL 32434

TITLE Change 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:

Karen L. Geiselman
 KAREN L. GEISELMAN, SECRETARY

1-11-01

850-892-6154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)