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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718583

1. Corporation Name

OAK AVENUE WATER SYSTEM, INC.

Principal Place of Business

1348 NC 157TH AVE
WILLISTON FL 32696
US

Mailing Address

P. O. BOX 392
WILLISTON FL 32696
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/26/1970

4. FEI Number
59-6382242

Applied For
Not Applicable

5. Certificate of Status Desired
NON-PROFIT

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SMITH, JOSEPH E
ALT. US 27
BEAUCHAMP & SMITH LEGAL BLDG
BRONSON FL 32621

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 **ST** ☐ DELETE
NAME **SMITH, MARY K.**
STREET ADDRESS **RT 2 BOX 817NA**
CITY-ST-ZIP **WILLISTON, FL 00000**

TITLE **D** ☐ DELETE
NAME **STAFFORD, HARRY**
STREET ADDRESS **RT 2 BOX 1326**
CITY-ST-ZIP **WILLISTON, FL 00000**

TITLE **V** ☒ DELETE
NAME **THOMPSON, FRANK**
STREET ADDRESS **RT. 2 BOX 1329**
CITY-ST-ZIP **WILLISTON FL**

TITLE **D** ☒ DELETE
NAME **WALTON, RUSSELL**
STREET ADDRESS **RT 2 BOX 1330**
CITY-ST-ZIP **WILLISTON, FL 00000**

TITLE **D** ☒ DELETE
NAME **SANFORD, THOMAS W.**
STREET ADDRESS **RT 2 BOX 1325**
CITY-ST-ZIP **WILLISTON, FL 0**

TITLE **P** ☒ DELETE
NAME **TERRELL, DOROTHY**
STREET ADDRESS **RT 2 BOX 1371**
CITY-ST-ZIP **WILLISTON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Smith M.K.** ☐ Change ☐ Addition
1.2 NAME **1348 NE 157th Ave**
1.3 STREET ADDRESS **Williston, FL**
1.4 CITY-ST-ZIP **32696**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **SANFORD THOMPSON** ☒ Change ☐ Addition
3.2 NAME **1560 NE 157th Ave**
3.3 STREET ADDRESS **Williston FL 32696**
3.4 CITY-ST-ZIP

4.1 TITLE **ISAAC JONES** ☒ Change ☐ Addition
4.2 NAME **1591 NE 157th Ave**
4.3 STREET ADDRESS **Williston FL 32696**
4.4 CITY-ST-ZIP

5.1 TITLE **THOMAS W. SANFORD** ☐ Change ☐ Addition
5.2 NAME **15851 N.E. 15th St**
5.3 STREET ADDRESS **Williston FL 32696**
5.4 CITY-ST-ZIP

6.1 TITLE **Terrell Dorothy** ☐ Change ☐ Addition
6.2 NAME **1317 NE 157th Ave**
6.3 STREET ADDRESS **Williston, FL 32696**
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-99

352-528-2200

CR2E037 (1/98)