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# Jan 23 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **725619** **(1)**

1. Corporation Name

**WELLBORN WATER SYSTEM, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 15TH AVE<br>WELLBORN FL 32094<br>US | PO BOX 5<br>WELLBORN FL 32094-0005<br>US |

3. Date Incorporated or Qualified: 02/21/1973
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 23-7446338 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 220 Florida Statutes ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

LEWIS,C. DEAN
RT 4
LIVE OAK FL 32060

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 105 N. Ohio Ave.

83

84 City: Live Oak **FL** 85 Zip Code: 32060

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | V | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KNIGHT, BRADLEY | | 1.2 NAME | | |
| STREET ADDRESS | 15TH AVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WELLBORN FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | ST | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ANDREWS, PAT | | 2.2 NAME | | |
| STREET ADDRESS | 9TH AVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WELLBORN, FL 00000 | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☒ Change ☐ Addition |
| NAME | WALTERS, BILL | | 3.2 NAME | | |
| STREET ADDRESS | ROUTE 137 | | 3.3 STREET ADDRESS | CR 137 | |
| CITY-ST-ZIP | WELLBORN, FL 00000 | | 3.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JARVIS, WALTER P | | 4.2 NAME | | |
| STREET ADDRESS | 4TH AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WELLBORN, FL 00000 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LEWIS, EUGENE | | 5.2 NAME | | |
| STREET ADDRESS | 9TH AVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WELLBORN, FL 00000 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

14. I do 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:** Pat Andrews Pat Andrews-Secretary-Treasurer 1/13/97 904-963-2173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0001771