FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:48

DOCUMENT # 747824 (1)

1. Corporation Name
FLORIDA RURAL WATER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1391 TIMBERLANE RD. TALLAHASSEE FL 32312	1391 TIMBERLANE RD. TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1979
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1934383 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) *Tax Exempt Status* XX **$68.75** *Supplemental Fee Not Required*
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, GARY P.
1391 TIMBERLANE RD, STE 104
TALLAHASSEE FL 32312

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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BRAYTON, PAUL	1.2 NAME		
STREET ADDRESS	20346 EMERALD ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	DST	☒ Change ☒ Addition
NAME	WILSON, DEWEY	2.2 NAME	McKINNEY, MICHAEL	
STREET ADDRESS	BOX 1170 N/A	2.3 STREET ADDRESS	119 S WASHINGTON ST	
CITY-ST-ZIP	SANTA ROSA BEACH FL	2.4 CITY-ST-ZIP	PERRY, FL 32347	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HONGELL, CARL B.	3.2 NAME		
STREET ADDRESS	22101 BLUE CREEK LODGE RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	ASTOR FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	HOBIN, ED	4.2 NAME		
STREET ADDRESS	10425 NOTTINGHAM FOREST DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP		
TITLE	DST	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	POLK, DARRELL	5.2 NAME		
STREET ADDRESS	P O BOX 326 N/A	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE FL	5.4 CITY-ST-ZIP		
TITLE	DST	6.1 TITLE		☐ Change ☐ Addition
NAME	GRUBBS, WILLIAM G.	6.2 NAME		
STREET ADDRESS	P.O. BOX 1679. NA	6.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Edward T. Hobin 2-28-95 (904) 996-7211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002344

FEBRUARY 24, 1995

ATTACHMENT TO DOCUMENT # 747824/STATE OF FLORIDA CORPORATION ANNUAL REPORT 1995
FLORIDA RURAL WATER ASSOCIATION:

ADDITIONAL BOARD OF DIRECTORS INFORMATION BELOW

7. TITLE: D
NAME: BRUCE MORRISON
ADDRESS: 79 SCENIC HIGHWAY, 98
C/S/ZIP: DESTIN, FLORIDA 32541-4122