

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

95 MAY -1 PM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 759705 (7)
1. Corporation Name
SPRINGHORN WATER SERVICE, INC.

Principal Place of Business Mailing Address
RR6 608 AA RASELANE PANAMA CITY BEACH FL 32413 US
RR6608AA ROSE LANE PANAMA CITY BEACH FL 32413 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/20/1981 3a. Date of Last Report 05/01/1994

4. FEI Number 26-6425845 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 211 Walton Rose Lane 26 211 Walton Rose Lane
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 Panama City Beach FL 28 Panama City Beach FL
Zip Country Zip Country
24 32413 25 USA 29 32413 30 USA

9. Name and Address of Current Registered Agent
TAFT, JAMES P
RR6 BOX 608 AA (ROSE LANE)
PANAMA CITY BEACH FL 32413

10. Name and Address of New Registered Agent
81 Name James P. Taft
82 Street Address (P.O. Box Number is Not Acceptable) 211 Walton Rose Lane
83
84 City Panama City Beach FL 85 Zip Code 32413

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 *James P. Taft* James P. Taft 4-19-95
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	PTD
NAME	TAFT, JAMES P
STREET ADDRESS	RR 6 BOX 608 AA
CITY - ST - ZIP	PANAMA CITY BEACH FL
TITLE	SD
NAME	T/FT, BONNIE C
STREET ADDRESS	RR 6 BOX 608 AA
CITY - ST - ZIP	PANAMA CITY BEACH FL
TITLE	VD
NAME	TAFT, WILLIAM H.
STREET ADDRESS	RR 6 BOX 608 AA
CITY - ST - ZIP	PANAMA CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James P. Taft	
1.3 STREET ADDRESS	211 Walton Rose Lane	
1.4 CITY - ST - ZIP	Panama City Beach, FL 32413	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bonnie C. Taft	
2.3 STREET ADDRESS	211 Walton Rose Lane	
2.4 CITY - ST - ZIP	Panama City Beach, FL 32413	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William H. Taft	
3.3 STREET ADDRESS	211 Walton Rose Lane	
3.4 CITY - ST - ZIP	Panama City Beach FL 32413	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE: *James P. Taft* James P. Taft 4-19-95
Signature and typed or printed name of signing officer or director Date
904-234-3821