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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90188 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N00400					
1. Corporation Name VILLAGE OF PINE RUN UTILITY CORPORATION					
Principal Place of Business 100 LIMWOOD PLACE ORMOND BCH. FL 32174 US			Mailing Address 100 LIMWOOD PLACE ORMOND BCH. FL 32174 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 12/16/1983 4. FEI Number 59-2443262 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution	
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9. Name and Address of Current Registered Agent KESTER, WALTER 190-1 LIMWOOD PLACE ORMOND BCH FL 32174				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			
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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 PD NAME GRAVES, JOSEPH STREET ADDRESS 120-6 LIMWOOD PL CITY-ST-ZIP ORMOND BCH, FL 00000 32174 <input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE VPD NAME KESTER, WALTER STREET ADDRESS 190-1 LIMWOOD PL CITY-ST-ZIP ORMOND BCH, FL 00000 32174 <input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME Richard Kessler 1.3 STREET ADDRESS 120-4 Limewood Pl. 1.4 CITY-ST-ZIP Ormond Beach, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD NAME MCCAFFREY, JOHANNA STREET ADDRESS 210-8 LEMON TREE LANE CITY-ST-ZIP ORMOND BCH FL 32174 <input type="checkbox"/> DELETE	2.1 TITLE VPD 2.2 NAME Walter Kester 2.3 STREET ADDRESS 190-1 Limewood Pl 2.4 CITY-ST-ZIP Ormond Beach, FL 32174 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	3.1 TITLE SD 3.2 NAME Alice Miller 3.3 STREET ADDRESS 210-9 Lemon Tree Dr 3.4 CITY-ST-ZIP Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME Deborah Brown 4.3 STREET ADDRESS 261-2 Orange Grove 4.4 CITY-ST-ZIP Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE TD 5.2 NAME Mona Harris 5.3 STREET ADDRESS 140-2 Limewood Pl 5.4 CITY-ST-ZIP Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

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: *[Signature]* **5/4/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)