

✓ **SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

97 AUG 12 AM 7:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N94000000408 (4) 1. Corporation Name DARK ISLAND WATER SYSTEM, INC.
--

Principal Place of Business 211 E.GREEN PERRY FL 32347	Mailing Address 211 E.GREEN PERRY FL 32347
--	--



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

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 09/21/1993	3a. Date of Last Report 04/04/1996
4. FEI Number 59-3248877	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
PADGETT, INA 211 E GREEN PERRY FL 32347	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	CARTER, ALBERT
STREET ADDRESS	210 DARBY LANE
CITY-ST-ZIP	BROOKSVILLE FL 34801
TITLE	D <input type="checkbox"/> DELETE
NAME	DORSETT, HUGH J
STREET ADDRESS	3743 DORSET WAY
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	OP <input type="checkbox"/> DELETE
NAME	ROBERTS, ALAN
STREET ADDRESS	100 DOGWOOD LANE
CITY-ST-ZIP	PERRY FL
TITLE	DST <input type="checkbox"/> DELETE
NAME	THOMPSON, TROY
STREET ADDRESS	RT. 3 BOX 73 N/A
CITY-ST-ZIP	PERRY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TOUGAS, GIL
STREET ADDRESS	1415 HILLTOP DR.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WOODFORD, BOB
STREET ADDRESS	RT. 4 BOX 49 N/A
CITY-ST-ZIP	PERRY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	900002266009--7
1.4 CITY-ST-ZIP	-08/13/97--01083--009
2.1 TITLE	*****61.25 *****61.25
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 _____ **8-5-97** **8-12-1997**

CR2E037 (4/97)