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Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90003 041 ***211.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000005437					
1. Corporation Name MCPHAIL STORMWATER MANAGEMENT AND VEHICULAR ACCE SS ASSOCIATION, INC.					
Principal Place of Business 5770 JOHNSON LAKE ROAD DELEON SPRINGS FL 32130			Mailing Address 5770 JOHNSON LAKE ROAD DELEON SPRINGS FL 32130		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/15/1995	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3389354		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country		

B. Name and Address of Current Registered Agent MCPHAIL, JOHN W 5770 JOHNSON LAKE ROAD DELEON SPRINGS FL 32130		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 817.0502 and 817.1508, 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 817.0503, 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	<input type="checkbox"/> DELETE			
NAME	MCPHAIL, JOHN W				
STREET ADDRESS	5770 JOHNSON LAKE RD.				
CITY-ST-ZIP	DELEON SPRINGS FL 32130-HNSO				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	MCPHAIL, MICHAEL L				
STREET ADDRESS	4050 PARK AVE.				
CITY-ST-ZIP	DELAND FL 32720				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	MCPHAIL, CLAUDE M				
STREET ADDRESS	4050 PARK AVE				
CITY-ST-ZIP	DELAND FL 32720				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	MCPHAIL, CAROLYN B				
STREET ADDRESS	5770 JOHNSON LAKE RD				
CITY-ST-ZIP	DELEON SPRINGS FL 32130				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME		V.D. McPhail, Michael L.			
2.3 STREET ADDRESS		5776 Johnson Lake Rd.			
2.4 CITY-ST-ZIP		Deleon Springs, Fla. 32130			
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME		T.D. Claudia M McPhail			
3.3 STREET ADDRESS		5776 Johnson Lake Rd			
3.4 CITY-ST-ZIP		Deleon Springs, Fla 32130			
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 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/99 904-985-4887