2006 FOR PROPIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 08:00 AN
Secretary of State

	\cap	CI	IN.		N٦	- #	V	/በ1	15	R 1	
IJ	w	Uι	JIV	/I 🗀 I	IVI	- ++	·v	v	U	. J	

1. Entity Name

AVALON UTILITIES, INC.



Principal Place of Business

3220 AVALON BLVD. MILTON, FL 32583 US Mailing Address

3220 AVALON BLVD. MILTON, FL 32583

US



DO NOT WRITE IN THIS SPACE

07212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3112660

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JANE 3220 AVALON BLVD MILTON, FL 32583

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE VD MILLER, JANE 3220 AVALON BLVD MILTON, FL 32583	CTORS			460000570000					
NAME STREET ADDRESS CITY-ST-ZIP	VSTD DUDLEY, STEWART R 2101 MAGNOLIA AVENUE, SOUTH, BIRMINGHAM, AL 35205	SUITE 300	٠, 3	000000572363 07/27/06-80002-009 550.00 DO NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JAMES C III P.O. BOX 10048 N/A BIRMINGHAM, AL 35202		,							
NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, JAMES C III P O BOX 10048 BIRMINGHAM, AL 35202			in ⁻	THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered										