

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714278

Entity Name: ST. JOHNS RIVER UTILITY, INC.

Current Principal Place of Business:

23939 SR 40
ASTOR, FL 32102

Current Mailing Address:

PO BOX 77
ASTOR, FL 32102 US

FEI Number: 59-1412008

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPARKS, GARY J
1839 S MOON CAMP RD
ASTOR, FL 32102 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BUSTLE, JOHN W
Address 55238 CLAIRE ST
City-State-Zip: ASTOR FL 32102

Title ST
Name SPARKS, GARY J
Address 1839 S MOON CAMP RD
City-State-Zip: ASTOR FL 32102

Title DIRECTOR
Name HOBBS, BENSON
Address 1899 RIVEREDGE DR
City-State-Zip: ASTOR FL 32102

Title D
Name PIERCE, LORI E.
Address 1747 S MOON CAMP RD
City-State-Zip: ASTOR FL 32102

Title VP
Name TRAPPE, KATHLEEN
Address 22324 BLUE CREEK LODGE RD
City-State-Zip: ASTOR FL 32102

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY J. SPARKS

S/T

03/23/2016

Electronic Signature of Signing Officer/Director Detail

Date