**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 27, 2017**
**Secretary of State**
**CC9709338310**

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 03/27/2017

Electronic Signature of Signing Officer/Director Detail — Date