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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709581** (3)

1. Corporation Name

BRATT-DAVISVILLE WATER SYSTEM, INC.



Principal Place of Business Mailing Address

11100 HWY 97
MC DAVID FL 36504
US 32568

~~11224 HWY 97~~
P.O. DRAWER 770
ATMORE AL 36504

3. Date Incorporated or Qualified

09/13/1965

4. FEI Number

63-0596247

Applied For

Not Applicable

2. Principal Place of Business

21 **11100 HWY 97**

Suite, Apt. #, etc.

2a. Mailing Address

26 **PO DRAWER 770**

Suite, Apt. #, etc.

City & State

23 **MC DAVID FL**

Zip

Country

24 **32568**

25 **US**

City & State

28 **ATMORE AL**

Zip

Country

29 **36504**

30 **US**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**JOHNSON, HERMAN
2950 PURDUE RD
MCDAVID 32568**

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

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 ☐ DELETE

NAME **P
JOHNSON, HERMAN
STREET ADDRESS
2950 PURDUE RD
CITY-ST-ZIP
MCDAVID FL**

TITLE ☐ DELETE

NAME **V
VANPELT, JAMES
STREET ADDRESS
9410 HWY 97
CITY-ST-ZIP
CENTURY FL**

TITLE ☐ DELETE

NAME **ST
RYLAND, BEVERLY
STREET ADDRESS
5650 PINE FOREST RD
CITY-ST-ZIP
WALNUT HILL FL**

TITLE ☐ DELETE

NAME **D
ROLEY, JIMMY
STREET ADDRESS
5810 N. HWY 99
CITY-ST-ZIP
CENTURY FL**

TITLE ☐ DELETE

NAME **D
JOHNSON, DAVID
STREET ADDRESS
4461 W STATE LINE RD
CITY-ST-ZIP
BRATT FL**

TITLE ☐ DELETE

NAME **D
HESTER, JEFFREY
STREET ADDRESS
4301 HWY 99
CITY-ST-ZIP
CENTURY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE: **BEVERLY RYLAND** 1/7/98 850-321-6778

CR2E037 (10/97)