

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90145 029 ****61.25

0081993

DOCUMENT # 709581

1. Corporation Name

BRATT-DAVISVILLE WATER SYSTEM, INC.

Principal Place of Business

11100 HWY 97
MC DAVID FL 32568
US

Mailing Address

P.O. DRAWER 770
ATMORE AL 36504
US

98721 70145 29 1



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

09/13/1965

4. FEI Number

63-0596247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
JOHNSON, HERMAN
2950 PURDUE RD
MCDAVID FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
VANPELT, JAMES
9410 HWY 97
CENTURY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
RYLAND, BEVERLY
5650 PINE FOREST RD
WALNUT HILL FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROLEY, JIMMY
5810 N. HWY 99
CENTURY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
JOHNSON, DAVID
4461 W STATE LINE RD
BRATT FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HESTER, JEFFREY
4301 HWY 99
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

D
LINDA AMERSON
3250 W HWY 4
CENTURY FL 32535

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/99

850-327-6778

Daytime Phone #

CR2E037 (11/98)