

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718583 (8)
1. Corporation Name
OAK AVENUE WATER SYSTEM, INC.



Principal Place of Business: RT 2 BOX 1328, P.O. BOX 392, WILLISTON FL 32696
Mailing Address: RT 2 BOX 1328, P.O. BOX 392, WILLISTON FL 32696

3. Date Incorporated or Qualified: 05/26/1970
3a. Date of Last Report: 02/06/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

4. FEI Number: 59-6382242
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: SMITH, JOSEPH E, ALT. US 27, BEAUCHAMP & SMITH LEGAL BLDG, BRONSON FL 32621
10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: ST	NAME: SMITH, MARY K. STREET ADDRESS: RT 2 BOX 817NA CITY-ST-ZIP: WILLISTON, FL 00000	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: STAFFORD, HARRY STREET ADDRESS: RT 2 BOX 1326 CITY-ST-ZIP: WILLISTON, FL 00000	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: DEED CLIFFORD, MAURICE E. <i>ADD FRANK THOMPSON RT 2 BOX 1329 WILLISTON FL</i>	1.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: WALTON, RUSSELL STREET ADDRESS: RT 2 BOX 1330 CITY-ST-ZIP: WILLISTON, FL 00000	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: SANFORD, THOMAS W. STREET ADDRESS: RT 2 BOX 1325 CITY-ST-ZIP: WILLISTON, FL 0	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P	NAME: DEED TERRELL, CHARLES <i>Dorothy TERRELL RT 2 Box 1371 Williston FL</i>	2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *M. R. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-24-96
Daytime Phone #: 352-528-2200

CR2E037 (12/95)