

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 06 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 718583 (8)**

1. Corporation Name  
**OAK AVENUE WATER SYSTEM, INC.**



Principal Place of Business <b>RT 2 BOX 1328 P.O. BOX 392 WILLISTON FL 32696</b>	Mailing Address <b>RT 2 BOX 1328 P.O. BOX 392 WILLISTON FL 32696-0392</b>
---	--

3. Date Incorporated or Qualified <b>05/26/1970</b>	3a. Date of Last Report <b>05/01/1996</b>
--	--

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-6382242</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, MARY K.</b>	
STREET ADDRESS	<b>RT 2 BOX 817NA</b>	
CITY-ST-ZIP	<b>WILLISTON, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STAFFORD, HARRY</b>	
STREET ADDRESS	<b>RT 2 BOX 1328</b>	
CITY-ST-ZIP	<b>WILLISTON, FL 00000</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMPSON, FRANK</b>	
STREET ADDRESS	<b>RT. 2 BOX 1329</b>	
CITY-ST-ZIP	<b>WILLISTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WALTON, RUSSELL</b>	
STREET ADDRESS	<b>RT 2 BOX 1330</b>	
CITY-ST-ZIP	<b>WILLISTON, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SANFORD, THOMAS W.</b>	
STREET ADDRESS	<b>RT 2 BOX 1325</b>	
CITY-ST-ZIP	<b>WILLISTON, FL 0</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>TERRELL, DOROTHY</b>	
STREET ADDRESS	<b>RT 2 BOX 1371</b>	
CITY-ST-ZIP	<b>WILLISTON FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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 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 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.

CR2E037 (9/96)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_