

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 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 # 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
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3. Date Incorporated or Qualified
05/26/1970

4. FEI Number
59-6382242

Applied For	Not Applicable
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2. Principal Place of Business 21 1348 N.E. 157th AVE Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 392 Suite, Apt. #, etc.
23 Williston FL City & State	28 Williston FL City & State
24 32696 Zip	29 32696 Zip
25 LEVY Country	30 LEVY Country

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

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

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

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 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: Mary Kate Smith 3/19/98 352 528-2200

CR2E037 (10/97)