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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 718583

1. Corporation Name
OAK AVENUE WATER SYSTEM, INC.

Principal Place of Business

1348 NC 157TH AVE
 WILLISTON FL 32696
 US

Mailing Address

P. O. BOX 392
 WILLISTON FL 32696
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/26/1970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6382242	
City & State		City & State		5. Certificate of Status Desired	
23		28		NON-PROFIT <input type="checkbox"/>	
Zip	Country	Zip	Country	\$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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

FL

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	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, MARY K.		1.2 NAME		
STREET ADDRESS	RT 2 BOX 817NA		1.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STAFFORD, HARRY		2.2 NAME		
STREET ADDRESS	RT 2 BOX 1326		2.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON, FL 00000		2.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMPSON, FRANK		3.2 NAME		
STREET ADDRESS	RT. 2 BOX 1329		3.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL		3.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALTON, RUSSELL		4.2 NAME		
STREET ADDRESS	RT 2 BOX 1330		4.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANFORD, THOMAS W.		5.2 NAME		
STREET ADDRESS	RT 2 BOX 1325		5.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON, FL 0		5.4 CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERRELL, DOROTHY		6.2 NAME		
STREET ADDRESS	RT 2 BOX 1371		6.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL		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, with all other like empowered.

SIGNATURE: *[Signature]* 3-14-99 352-528-2200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)