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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **119792** (0)  
1. Corporation Name  
**FLORIDA PUBLIC UTILITIES COMPANY**

Principal Place of Business Mailing Address  
**401 SOUTH DIXIE WEST PALM BEACH FL 33401-5807 US**  
**P.O. 3395 WEST PALM BEACH FL 33402-3395 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/06/1924** 3a. Date of Last Report **03/25/1994**  
4. FEI Number **59-0539080** 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**  
8. This corporation has liability for intangible tax under § 190.019 Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**CRESSMAN, F.C.  
401 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33401-5807**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS                         |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VD<br/>ENGLISH, J.T.<br/>401 S. DIXIE HIGHWAY<br/>WEST PALM BEACH FL 33401-5807</b> | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <b>P<br/>CRESSMAN, F.C.<br/>401 S. Dixie Highway<br/>W. Palm Beach FL 33401-5807</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>V<br/>TROY, D. L.<br/>401 S. DIXIE HIGHWAY<br/>WEST PALM BEACH FL 33401-5807</b>    | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <b>C/Exec. Committee<br/>TERRY, R.L.<br/>401 S. Dixie Highway<br/>W. Palm Beach FL 33401-5807</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>V<br/>STEIN, C. L.<br/>401 S. DIXIE HWY.<br/>WEST PALM BEACH FL 33401-5807</b>      | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <b>S<br/>HALL, M.K.<br/>401 S. Dixie Highway<br/>W. Palm Beach FL 33401-5807</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>DOWNEY, D.<br/>P.O. BOX 2345 N/A<br/>PALM BEACH FL 33480</b>                  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <b>D<br/>C.A. Benoite, Jr.<br/>P.O. Box 33480 N/A<br/>Palm Beach FL 33480</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>T<br/>BROWN, J. R.<br/>400 S. DIXIE HIGHWAY<br/>WEST PALM BEACH FL 33401-5807</b>   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <b>D<br/>E. James Carr, Jr.<br/>23 W. Christy Ct. Box 1715<br/>Sapphire NC 28774</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <b>D<br/>G.O. Jerauld<br/>700 Oprey Way<br/>North Palm Beach FL 33408</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                         |

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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or of an attachment with an address.

SIGNATURE: *Jack Brown* Jack Brown, Treasurer 4/24/95 (407) 838-1729  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (typed or printed name)