

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 APR 27 11:27

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **630993** (4)

1. Corporation Name
SAWMILL RIDGE UTILITIES, INC.

800001475058
-05/04/95--01013--005
2000.00 *200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**8465 OLD DIXIE HWY
POBOX 277
WABASSO FL 32970**

3. Date Incorporated or Qualified **07/26/1979** 3a. Date of Last Report **04/14/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 County 29 County

25 County 30 County

4. FEI Number **59-1965845** 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 s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAVES, J RICHARD, JR
8465 OLD DIXIE HWY
WABASSO FL 32970**

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 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 reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO**
NAME **GRAVES, J RICHARD, JR**
STREET ADDRESS **8465 OLD DIXIE HWY**
CITY ST ZIP **WABASSO, FL 00000**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

TITLE **STD**
NAME **BASS, ELIZABETH G**
STREET ADDRESS **6275 N MIRROR LK DR**
CITY ST ZIP **SEBASTIAN FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

TITLE **VD**
NAME **LOCKWOOD, THOMAS W**
STREET ADDRESS **7275 - 45TH STREET**
CITY ST ZIP **VERO BEACH, FL 00000**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

TITLE **D**
NAME **GRAVES, J R**
STREET ADDRESS **1915 34TH AVENUE**
CITY ST ZIP **VERO BEACH, FL 00000**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

TITLE **VAS**
NAME **RANSON, CHARLES T.**
STREET ADDRESS **3500 MARSHA LANE**
CITY ST ZIP **VERO BCH. FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE Change 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an amendment with an address.

SIGNATURE: *Charles T. Ranson* **CHARLES T. RANSON** 4/11/95 (407) 589-4356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EXECUTIVE VICE PRESIDENT