

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 630993
 1. Corporation Name
SAWMILL RIDGE UTILITIES, INC.



Principal Place of Business 8465 OLD DIXIE HWY POBOX 277 WABASSO FL 32970	Mailing Address 8465 OLD DIXIE HWY POBOX 277 WABASSO FL 32970
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/26/1979	4. FEI Number 59-1965945	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, J RICHARD, JR	1.2 NAME	800002895578--1
STREET ADDRESS	8465 OLD DIXIE HWY	1.3 STREET ADDRESS	-06/04/99--01087--018
CITY-ST-ZIP	WABASSO, FL 00000	1.4 CITY-ST-ZIP	***1500.00 ***150.00
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, ELIZABETH G	2.2 NAME	
STREET ADDRESS	6275 N MIRROR LK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKWOOD, THOMAS W	3.2 NAME	
STREET ADDRESS	7275 - 45TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, J R	4.2 NAME	
STREET ADDRESS	1915 34TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANSON, CHARLES T.	5.2 NAME	
STREET ADDRESS	3500 MARSHA LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: _____ CHARLES T. RANSON EXECUTIVE VICE PRESIDENT APRIL 8 1999 561-589-4356