

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M83373 (4)**

1. Corporation Name
STEEPLECHASE UTILITY COMPANY, INC.



Principal Place of Business: **11048 S.E. 176TH PLACE SUMMERFIELD FL 34491**
Mailing Address: **11048 S.E. 176TH PLACE SUMMERFIELD FL 34491**

3. Date Incorporated or Qualified: **06/01/1988**
3a. Date of Last Report: **08/24/1995**

2. Principal Place of Business: **11053 S.E. 174th Loop**
2a. Mailing Address: **11053 S.E. 174th Loop**

4. FEI Number: **75-2264306**
Applied For: Applied For
 Not Applicable

22. City & State: **Summerfield, FL**
27. City & State: **Summerfield, FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Zip: **34491** Country: **USA**
28. Zip: **34491** Country: **USA**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **34491** Country: **USA**
29. Zip: **34491** Country: **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ROBINSON, L. H JR
11048 S.E. 176TH PLACE
OCALA FL 34491**

10. Name and Address of New Registered Agent
81 Name: **L. Hall Robertson, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable): **11053 S.E. 174th Loop**
83
84 City: **Summerfield** FL 85 Zip Code: **34491**

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: V	<input type="checkbox"/> DELETE	1.1 TITLE: Steve Henson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HENSON, STEVE		1.2 NAME: Steve Henson
STREET ADDRESS: 11048 S.E. 176TH PLACE		1.3 STREET ADDRESS: 5757 S. Lindbergh
CITY-ST-ZIP: SUMMERFIELD FL 34491		1.4 CITY-ST-ZIP: St. Louis, MO 63123
TITLE: P	<input type="checkbox"/> DELETE	2.1 TITLE: President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROBINSON, L. H JR		2.2 NAME: L. Hall Robertson, Jr.
STREET ADDRESS: 11048 SE 176 PL RD		2.3 STREET ADDRESS: 11053 S.E. 174th Loop
CITY-ST-ZIP: SUMMERFIELD FL		2.4 CITY-ST-ZIP: Summerfield, FL 34491
TITLE: ST	<input type="checkbox"/> DELETE	3.1 TITLE: Raymond Macuire <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MAGUIRE, RAY		3.2 NAME: Raymond Macuire
STREET ADDRESS: 11048 S.E. 176TH PLACE		3.3 STREET ADDRESS: 26 S. Pennsylvania Avenue, Suite#1
CITY-ST-ZIP: SUMMERFIELD FL 34491		3.4 CITY-ST-ZIP: Atlantic City, NJ 08401
TITLE: AS	<input type="checkbox"/> DELETE	4.1 TITLE: Donna Schuetz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHUETZ, DONNA		4.2 NAME: Donna Schuetz
STREET ADDRESS: 11048 S.E. 176TH PLACE		4.3 STREET ADDRESS: 11053 S.E. 174th Loop
CITY-ST-ZIP: SUMMERFIELD FL 34491		4.4 CITY-ST-ZIP: Summerfield, FL 34491
TITLE: 	<input type="checkbox"/> DELETE	5.1 TITLE: D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: 		5.2 NAME: Charles Ineberry
STREET ADDRESS: 		5.3 STREET ADDRESS: 811 Central Avenue, Suite #1
CITY-ST-ZIP: 		5.4 CITY-ST-ZIP: Charlotte, NC 28204
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 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 periodic report or supplier/owner 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 352-307-1033
Date Date of Filing

CFR2E034 (12/95)

**CLARIFICATION SHEET
STONECREST MANAGEMENT, INC.**

P

L. HALL ROBERTSON, JR.
Stonecrest of Marion County, Ltd.
11053 S.E. 174th Loop
Summerfield, FL 34491
(904) 307-1033

D

CHARLES LINEBERRY
Draft Corporation
811 Central Avenue, Suite #1
Charlotte, NC 28204
(704) 333-8000

ST

RAYMOND MAGUIRE
26 S. Pennsylvania Avenue, Suite #300
Atlantic City, NJ 08401
(609) 348-4231

D

DUANE H. BRUCH
Bruch Marketing
352 Crompton Street
Charlotte, NC 28273
(704) 588-5214

V

STEVE HENSON
5757 S. Lindberg
St. Louis, MO 63123
(314) 894-8400

D

SAMUEL SCHWARTZ
19 Habor Island
Ft. Lauderdale, FL 33316
(305) 524-1500