


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000600196
1. Corporation Name
LITTLE GASPARILLA UTILITY INC.

Principal Place of Business 13 Gulf Blvd Palm Island Palm Island, Florida	Mailing Address P.O. Box 5145 Grove City, Fl. 34224
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip	29 Country	30 Country
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3. Date Incorporated or Qualified 1/11/96	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**Robert L. Underwood
537 East Park Ave.
Tallahassee, Fl. 32301**

10. Name and Address of New Registered Agent

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 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 assuming full and complete the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	JACK BOYER PD	<input type="checkbox"/> DELETE
NAME	537 Gulf Blvd	<input type="checkbox"/> DELETE
STREET ADDRESS	PO BOX 5145	<input type="checkbox"/> DELETE
CITY-ST-ZIP	GROVE CITY, FL 34224	<input type="checkbox"/> DELETE
TITLE	Robert L. Underwood	<input type="checkbox"/> DELETE
NAME	537 East Park Ave SD	<input type="checkbox"/> DELETE
STREET ADDRESS	Tallahassee, Fl. 32301	<input type="checkbox"/> DELETE
CITY-ST-ZIP	Tallahassee, Fl. 32301	<input type="checkbox"/> DELETE
TITLE	Bruce Wolthe	<input type="checkbox"/> DELETE
NAME	P.O. Box 14	<input type="checkbox"/> DELETE
STREET ADDRESS	Res Palm Island	<input type="checkbox"/> DELETE
CITY-ST-ZIP	Placida, Fl. 33946 FL	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		<input type="checkbox"/> DELETE
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		<input type="checkbox"/> DELETE
CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do 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.

SIGNATURE: [Signature] **Jack Boyer** 4/27/97 943-697-8141
Date Daytime Phone #

CR2E037 (9/96)