

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

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P07695 (0)**  
1. Corporation Name  
**UTILITY RESOURCES, INC.**



Principal Place of Business  
**11 KOGER CTR SUITE 200 NORFOLK VA 23502 US**

Mailing Address  
**P.O. BOX 12016 NORFOLK VA 23541**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<b>2 KOGER CENTER</b>	26	<b>5426 Robin Hood Rd</b>	<b>10/09/1985</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
<b>Suite 102 PO Box 12016</b>		<b>20 T.M. Gross</b>		<b>54-1243235</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>Norfolk, VA</b>		<b>NORFOLK, VA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2354</b>	<b>US</b>	<b>23513</b>	<b>US</b>		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
					<b>FL</b>		

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 \_\_\_\_\_ **1-15-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MC KINNEY, GARY M.</b>	1.2 NAME	
STREET ADDRESS	<b>2208 BRUSHWOOD TERRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VIRGINIA BEACH VA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HART, THERESA A.</b>	2.2 NAME	
STREET ADDRESS	<b>3858 WINDMILL DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VIRGINIA BEACH VA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCLAUGHLIN, DENNIS</b>	3.2 NAME	
STREET ADDRESS	<b>109 B 87TH ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VIRGINIA BEACH VA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GROSS, THOM H.</b>	4.2 NAME	
STREET ADDRESS	<b>816 DE LA FAYETTE COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VIRGINIA BEACH VA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAUDILL, PAUL J</b>	5.2 NAME	
STREET ADDRESS	<b>PO BOX 649</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRINGFIELD NE</b>	5.4 CITY-ST-ZIP	
TITLE		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.

CR2E034 (10/97)