

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000008225 (4)**

1. Corporation Name

**C & M UTILITIES APPLICATIONS, INC.**



Principal Place of Business

P.O. BOX 3729  
PLANT CITY FL 33564

Mailing Address

P.O. BOX 3729  
PLANT CITY FL 33564

3. Date Incorporated or Qualified  
**11/23/1992**

3a. Date of Last Report  
**06/06/1995**

21 **P.O. BOX 3749**

26 **P.O. BOX 3749**

4. FEI Number  
**65-0377130**

Applied For  
Not Applicable

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

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

24 Zip Country

29 Zip Country

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

**LAU, MARY A  
100 S. ASHLEY DRIVE  
SUITE 1700  
TAMPA FL 33602**

81 Name **Samantha J. DeAmbrose**

82 Street Address (P.O. Box Number is Not Acceptable)  
**15431 Plantation Oaks Dr. #12**

83

84 City **Tampa** FL 85 Zip Code **33647**

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

**Samantha J. DeAmbrose** *Secretary*

**2/29/96**

12. OFFICERS AND DIRECTORS

TITLE **P**  DELETE  
NAME **DE AMBROSE, SHERWOOD J.**  
STREET ADDRESS **2607 LAKEVIEW WAY**  
CITY - ST - ZIP **PLANT CITY FL**

TITLE **V**  DELETE  
NAME **NIERENBERG, ALAN B.**  
STREET ADDRESS **5012 SAN MIGUEL**  
CITY - ST - ZIP **TAMPA FL**

TITLE **V**  DELETE  
NAME **HELLANDER, JOHN C.**  
STREET ADDRESS **955 HARBOR LAKE COURT**  
CITY - ST - ZIP **SAFETY HARBOR FL**

TITLE **ST**  DELETE  
NAME **DE AMBROSE, SAMANTHA**  
STREET ADDRESS **15431 PLANTATION OAKS DR. #12**  
CITY - ST - ZIP **TAMPA FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS **15431 Plantation Oaks Dr. #12**  
4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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, if changed, or on an attachment with an address.

SIGNATURE:

**Samantha J. DeAmbrose**

**2/29/96**

**(813) 754-1152**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAY, MONTH AND YEAR TELEPHONE NUMBER

CR2E034 (12/95)