

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
1995

APPROVED  
AND  
FILED

MAY 11 AM 7:44

DOCUMENT # **V49021** (1)

UTAH, INC.

STATE OF FLORIDA  
TALLAHASSEE

75 NORTH YONGE STREET  
ORMOND BEACH FL 32174  
US

75 NORTH YONGE STREET  
ORMOND BEACH FL 32174  
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized <b>06/24/1992</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FIC Number <b>59-3137136</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This report is being filed by the corporation for the first time. Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. 1579 N. Nova Rd. 22. 23. Holly Hill FL 24. 32117	2a. Mailing Address 26. 1579 N. Nova Rd. 27. 28. Holly Hill FL 29. 32117
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9. Name and Address of Current Registered Agent

**LAWLESS, JOHN F.  
11 LONGFELLOW CIR  
ORMOND BEACH FL 32176**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Applicable)	
83.	
84. City	<b>FL</b>

11. The agent for this corporation is hereby appointed, and the Florida Statutes, the agency agent corporation solemnly the statement for the purpose of changing its registered office as set forth in part 9 of this report in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with the provisions of the corporation's bylaws for Florida Statutes.

ORIGINATOR: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME <b>D LAWLESS, JOHN F. 11 LONGFELLOW CIR ORMOND BEACH FL</b>		1. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		7. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		8. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		9. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		10. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and equally for the corporation stated in Florida Statutes, Chapter 607, that the information included in this annual report or biennial annual report is true and correct and that the corporation shall have the same reported to the public and that I am an officer or director of the corporation or have been empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, of Block 13 of this report as an authorized signatory.

SIGNATURE: *John Lawless* X H-3095 (904) 258-0018  
ORIGINATOR AND TYPE ON PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR