

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000001240

Entity Name: SILVER LAKE UTILITIES, INC.**Current Principal Place of Business:**400 N. TAMPA STREET
SUITE 1900
TAMPA, FL 33602**Current Mailing Address:**PO BOX 1690
TAMPA, FL 33601 US**FEI Number:** 20-4082348**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHITTENDEN, KRISTEN
400 N. TAMPA STREET
SUITE 1900
TAMPA, FL 33602 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** KRISTEN CHITTENDEN**04/30/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, COB, CEO
Name LYKES, CHARLES PJR.
Address 400 N. TAMPA STREET
SUITE 1900
City-State-Zip: TAMPA FL 33602

Title D
Name CARRERE, JOSEPH
Address 400 N. TAMPA STREET
SUITE 1900
City-State-Zip: TAMPA FL 33602

Title S
Name CHITTENDEN, KRISTEN
Address PO BOX 1690
City-State-Zip: TAMPA FL 33601

Title VP, CFO, TREASURER
Name BAUMAN, CARL
Address 400 N. TAMPA STREET
SUITE 1900
City-State-Zip: TAMPA FL 33602

Title P
Name COLLINS, JOE
Address 400 N. TAMPA STREET
SUITE 1900
City-State-Zip: TAMPA FL 33602

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KRISTEN CHITTENDEN**CORPORATE
SECRETARY****04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date