FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 AUG -1 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 188594 (6)

1. Corporation Name
SEACOAST UTILITIES, INC.

Principal Place of Business	Mailing Address
4176 BURNS ROAD PALM BEACH GARDEN FL 33410	4176 BURNS ROAD PALM BEACH GARDEN FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1955
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 4400 PGA Boulevard
Suite, Apt. #, etc.: 22 Suite 900
City & State: 23 Palm Beach Gardens, FL
Zip: 24 33410 Country: 25

2a. Mailing Address
26 4400 PGA Boulevard
Suite, Apt. #, etc.: 27 Suite 900
City & State: 28 Palm Beach Gardens, FL
Zip: 29 33410 Country: 30

4. FEI Number: 59-0773812 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COHEN, STEVEN
4176 BURNS ROAD
PALM BEACH GARDEN FL 33410

10. Name and Address of New Registered Agent

81 Name: Steven Cohen
82 Street Address (P.O. Box Number is Not Acceptable): 4400 PGA Boulevard
83: Suite 900
84 City: Palm Beach Gardnens, FL 85 Zip Code: 33410

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: [signature] Steven Cohen, Registered Agent 7/24/95
Signature required for certified number of registered agent and the 4 appointees (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☒ Change ☐ Addition
NAME	SMITH, DALE E	12 NAME	
STREET ADDRESS	4176 BURNS RD.	13 STREET ADDRESS	4400 PGA Boulevard, Suite 900
CITY-ST-ZIP	PALM BCH GARDENS FL	14 CITY-ST-ZIP	Palm Beach Gardens, FL
TITLE	VTD	21 TITLE	☒ Change ☐ Addition
NAME	SMITH, C.N.	22 NAME	
STREET ADDRESS	4176 BURNS RD.	23 STREET ADDRESS	4400 PGA Boulevard, Suite 900
CITY-ST-ZIP	PALM BCH GARDENS FL	24 CITY-ST-ZIP	Palm Beach GArdens, FL 33410
TITLE	S	31 TITLE	☒ Change ☐ Addition
NAME	COHEN, STEVEN	32 NAME	
STREET ADDRESS	4176 BURNS RD.	33 STREET ADDRESS	4400 PGA Boulevard, Suite 900
CITY-ST-ZIP	PALM BCH GARDENS FL	34 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
Steven Cohen, Secretary
7/24/95 (407) 624-4900
Date Daytime Phone #

0250109 CP