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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:41

DOCUMENT # **203448** **(6)**

1. Corporation Name
ROTONDA WEST UTILITY CORPORATION

Principal Place of Business	Mailing Address
9494 PLACIDA ROAD CAPE HAZE FL 33946	P.O. BOX 3509 CAPE HAZE FL 33946-0509

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/17/1957**
3a. Date of Last Report: **03/08/1994**

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24
Country 25
Zip 29
Country 30

4. FEI Number: **59-1155885** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ XX **$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

DANAHY, THOMAS J.
15436 NORTH FLORIDA AVE. ±
SUITE 200
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name: Alexander, Larry B.
82 Street Address (P.O. Box Number is Not Acceptable): 505 S. Flagler Dr
83: Suite 1100
84 City: West Palm Bch FL 85 Zip Code

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: _____ Larry B. Alexander 3-20-95
Signature of officer or typed 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD SIERRA, J. ROBERT 15436 NORTH FLORIDA AVE., SUITE 200 TAMPA FL 33618	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DPST Littlestar, Gary D. 4005 Cape Haze Dr Cape Haze, Fl 33946	☒ XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DANAHY, THOMAS J. 15436 NORTH FLORIDA AVE., SUITE 200 TAMPA FL 33618	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition XX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILSON, LOU ELLEN 15436 NORTH FLORIDA AVE., SUITE 200 TAMPA FL 33618	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☒ XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HOLMAN, MARJORIE 4005 CAPE HAZE DR. CAPE HAZE FL 33947	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☒ XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SIERRA, MICHAEL J 15436 NORTH FLORIDA AVE., SUITE 200 TAMPA FL 33618	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☒ XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Gary D. Littlestar 2/21/95 813/697-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488444 PP