FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

. (9)

DOCUMENT # 233509 SOUTHERN UTILITIES, INC. OF TAMPA

FILED Mar 17 1997 8:00am Secretary of State



							<u> </u>		
Principal Place of Business Mailing Address									
1805 COTTAG		1605 COTTAGEWOOD D P.O. BOX 2410	PR.						
P.O. BOX 2419 BRANDON FL		BRANDON FL 33509-241	0						
						3. Date Incorporated or Qualified 3a. Date of Last Report 02/20/1960 03/20/1996			
2. Principa' F	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-0904223			lot Applicable
Suite, Apt. 22	. #, etc.	Suite, Apt. #, etc.			•	5. Certificate of Status Desired			Additional Required
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Co	untry		8. This corporation has liability for	intangible to	ax under	s. 199.032,
24	25	29	30		_ 		Yes		
	9. Name and Address of Currer	nt Registered Agent		-	*I	10. Name and Address of New R	gistered A	gent	
CAMPO,R F				81	Name				
160	05 COTTAGEWOOD DRIVE		82 Street Ac			iress (P.O. Box Number is Not Accepta	ble)		
BR	ANDON FL 33510								
				63					
				84	City		FL	85 Zip	Code
44 5	but a provisions of Continue 607 050	22 and 607 1509 Florida Stat	utor the	how.	a pamed cor	poration submits this statement for the	purpose of r	Chanoina	its registered
office or	registered agent, or both, in the State	of Florida. Such change wa	s authorize	d by	the corpora	poration submits this statement for the tion's board of directors. I hereby acce	pt the appo	intment a	s registered
agent 1 a	am familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Sta	itutes	3 .				
SIGNATURE	Signature: typicd or printed harne of registered age	ent and title if applicable (N	OTE: Register	ed Age	uper erutengia tne	alred when reinstating]	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI			
TILE	D	DELETE	1.11	IITLE			1	Change	Addition
NAME	EKONOMOU, DIANA C.		1.21	MAME					
STREET ADDRESS	907 OAK HOLLOW CT		1.3 5	STREET	ADDRESS		*		Ì
CiTY-\$1-74P	BRANDON FL		140	Offy-S	IT - ZiP				
TITLE	PD	☐ DELETE	211	TITLE			[Change	Addition
NAME	CAMPO,R.F.	•	221	MAME					
STREET ADDRESS	THE COMMON SOLE		2.3 3	STREET	ADDRESS				
CITY - ST - ZIP	BRANDON FL		2.4	CITY-	ST-ZIP				
TITLE	STD	DELETE	3.1	IITLE			"	Change	Addition
NAME	CAMPO, JOSEPHINE V		. 3.21	NAME					
STREET ADDRESS	THE CONTRACTOR DOLL		3.3	STAEET	ADDRESS				
CHTY - \$1 - ZIP	BRANDON FL		3.4.	CITY-	ST-ZIP				
TITLE		DELETE	4.1	TITLE				Change	Addition
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP			4.4	CITY-S	ST - ZIP				
TOTLE		DELETE	5.1	TITLE				Change	Addition
NAME			5.2	NAME					'
SIREFT ADDRESS			5.3	STREE	ADDRESS				
City - S1-ZIP			5.4	CITY -	ST-ZIP				
TITLE		DELETE		TITLE				Change	Addition
NAME			6.2	NAME					
STREET ADDRESS					T ADDRESS				
			1		ST-ZIP				
CHY-SI-7H			0.4	U11 [* i	31 - EIF	d in Continu (10.07/3\/i) Florido Statu	ion I further	portification	at the

14. I do hereby certify that the information supplied with this filing 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.

Josephine Campo STD ENAME OF SIGNING OFFICER OR DIRECTOR