

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 13 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 247206 (6)

1. Corporation Name
BEAUCLERC UTILITIES CO

Principal Place of Business Mailing Address
**8729 OLD KINGS RD S.
JACKSONVILLE FL 32217** **8729 OLD KINGS RD S.
JACKSONVILLE FL 32217**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 3a. Date of Last Report
05/05/1961 **04/25/1994**

4. FEI Number Applied For
59-0934095 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 intangibles tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SELBER, PHILIP
500 EDWARD BALL BLDG
JACKSONVILLE FL 32202-4388**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
50 N. Laura Street, Suite 3900
83.
84. City **Jacksonville** **FL** 85. Zip Code **32202**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consulting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **SELBER, PHILIP**
STREET ADDRESS **500 EDWARD BALL BLDG**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **50 N. Laura Street, Suite 3900**
1.4 CITY-ST-ZIP **Jacksonville, FL**

TITLE **S**
NAME **SELBER, LEONARD A**
STREET ADDRESS **500 EDWARD BALL BLDG**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **50 N. Laura Street, Suite 3900**
2.4 CITY-ST-ZIP **Jacksonville, FL**

TITLE **ASD**
NAME **FLETCHER, JULIUS**
STREET ADDRESS **4041 BARCELONA AVE.**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD**
NAME **KRAMER, MIRIAM**
STREET ADDRESS **6000 SAN JOSE BLVD #8A**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS **300001456703**
4.4 CITY-ST-ZIP **-04/14/95- 01057--003**
*****200.00 ***200.00**

TITLE **TD**
NAME **SETZER, LEONARD R**
STREET ADDRESS **2823 FOREST CIR CT**
CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 employed, or on an instrument with an address

SIGNATURE: Philip Selber, President 4-12-95 (904)353-2000
DATE DATE