

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 294756 (2)

1. Corporation Name  
ORTEGA UTILITY CO.



Principal Place of Business

905 NORTH STR  
JACKSONVILLE FL 32211-5793  
US

Mailing Address

905 NORTH STR  
JACKSONVILLE FL 32211-5793  
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/08/1965	3a. Date of Last Report 01/25/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1172810	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	30. Country		

9. Name and Address of Current Registered Agent

POTTER, ALLEN W  
905 NORTH STR  
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	

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 of principal officer or 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	P	1.1 TITLE	POTTER, SR., ALAN W.
NAME	POTTER, ALAN W	1.2 NAME	
STREET ADDRESS	374 SECOND STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTIC BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	Secretary/Treasurer
NAME	POTTER, JANE P	2.2 NAME	
STREET ADDRESS	374 SECOND STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTIC BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	POTTER, JANE P	3.2 NAME	
STREET ADDRESS	374 SECOND STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTIC BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	POTTER SR., ALAN W.
NAME	POTTER, ALAN	4.2 NAME	
STREET ADDRESS	374 SECOND STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTIC BEACH FL	4.4 CITY - ST - ZIP	
TITLE	[ ] DELETE	5.1 TITLE	VICE PRESIDENT
NAME		5.2 NAME	POTTER JR., ALAN W.
STREET ADDRESS		5.3 STREET ADDRESS	14142 Tomas Point Lane
CITY - ST - ZIP		5.4 CITY - ST - ZIP	JACKSONVILLE FL 32225
TITLE	[ ] DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

904-725-4616

Date Daytime Phone #

CR2E034 (12/95)