

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90138 020 \*\*\*150.00

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**DOCUMENT # 294756**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/08/1965**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

24 25 29 30  
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POTTER, ALAN W  
905 NORTH STR  
JACKSONVILLE FL 32211**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**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

Signature, typed or printed 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 ☐ DELETE  
NAME **P POTTER, SR. A**  
STREET ADDRESS **374 SECOND STREET**  
CITY-ST-ZIP **ATLANTIC BEACH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **ST POTTER, JANE P**  
STREET ADDRESS **374 SECOND STREET**  
CITY-ST-ZIP **ATLANTIC BEACH FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D POTTER, JANE P**  
STREET ADDRESS **374 SECOND STREET**  
CITY-ST-ZIP **ATLANTIC BEACH FL**

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

TITLE ☐ DELETE  
NAME **D POTTER SR., ALAN W.**  
STREET ADDRESS **374 SECOND STREET**  
CITY-ST-ZIP **ATLANTIC BEACH FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VP POTTER JR., ALAN W.**  
STREET ADDRESS **14142 TOMAS POINT LANE**  
CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **6101 Highway 81 North**  
5.4 CITY-ST-ZIP **Pelzer SC 29669**

TITLE ☐ DELETE  
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/99

Date

904-880-8795

DayTime Phone #

CR2E034 (11/98)