

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 298354 (2)  
1. Corporation Name  
DOLomite UTILITIES CORP.

Principal Place of Business  
567 INTERSTATE BLVD.  
SARASOTA FL 34240

Mailing Address  
567 INTERSTATE BLVD.  
SARASOTA FL 34240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1965	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-1171072	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	24	25 Country	26	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27 Zip	28	29 Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GATLIN, B. KENNETH  
% GATLIN WOODS CARLSON & COWDERY  
1700-D MAHAN DR.  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name (same)  
82 Street Address (P.O. Box Number is Not Acceptable)  
Gatlin, Schiefelbein & Cowdery, PA  
3301 Thomasville Rd, Suite 300  
83 City Tallahassee FL 85 Zip Code 32312

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	CEO	1.1 TITLE	
NAME	BUSCHER, GEORGE E.	1.2 NAME	
STREET ADDRESS	2850 CYPRESS ISLAND DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH GARDENS FL	1.4 CITY - ST - ZIP	
TITLE	VST	2.1 TITLE	
NAME	GREGG, ELAINE F.	2.2 NAME	
STREET ADDRESS	1705 FIELD RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	
NAME	LEE, WILLIAM, G	3.2 NAME	
STREET ADDRESS	346 SORRENTO RANCES DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	NOKOMIS FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: Elaine F Gregg 4/15/98 94-351-1094

CR2E034 (10/97)