FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:11

DOCUMENT # **303507** **(8)**

1. Corporation Name
SOUTHERN UTILITIES SERVICE COMPANY INC

Principal Place of Business	Mailing Address
515 11TH ST PO DRAWER 788 HOLLY HILL FL 32117-2626	P O DRAWER 788 HOLLY HILL FL 32125-0788 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/29/1966
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21: 515 LPGA BLVD.
22: Suite, Apt. #, etc.
23: City & State: HOLLY HILL FL
24: Zip: 32117
25: Country: VOLUSIA

2a. Mailing Address
26: P.O. DRAWER 250788
27: Suite, Apt. #, etc.
28: City & State: HOLLY HILL FL
29: Zip: 32125-0788
30: Country: VOLUSIA

4. FEI Number: 59-1119620 ☐ Applied For ☐ 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 intangible tax under S 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COMBS, O A
556 DERBYSHIRE ROAD
DAYTONA BCH, FL
32114

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	SHARP, TERESA C	1.2 NAME	
STREET ADDRESS	3230 RIVERVIEW LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	1.4 CITY-ST-ZIP	32118
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	COMBS, OMER A	2.2 NAME	
STREET ADDRESS	556 DERBYSHIRE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 00000	2.4 CITY-ST-ZIP	32114
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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)(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 Teresa C. Sharp TERESA C. SHARP 4-5-95 904 255-4579
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0402041 FP