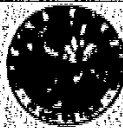


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 382230

(1)

1. Corporation Name

PONTE VEDRA UTILITIES COMPANY

Principal Place of Business

**8540 STATE RD 13
JACKSONVILLE FL 32257-5432**

Mailing Address

**P.O. BOX 23627
JACKSONVILLE FL 32241-3627
US**

**APPROVED
AND
FILED**

95 APR 19 PM 4:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/17/1971

3a. Date of Last Report

04/21/1994

4. FEI Number

59-1741067

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**

7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOSTER, DAVID M.
1000 GULF LIFE DR.
JACKSONVILLE FL 32207**

81 Name

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

1300 Riverplace Blvd.

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	SMITH JR, P JEREMY	8540 STATE RD 13	JACKSONVILLE, FL 00000
PD	LUKE, JOSEPH C	8540 STATE RD 13	JACKSONVILLE, FL 00000
D	FOSTER, DAVID M.	1000 GULF LIFE DR	JACKSONVILLE, FL 00000
TAS	GLAVIN, THOMAS M.	8540 STATE RD 13	JACKSONVILLE FL
VS	LUEDERS, JACK C. J	8540 SAN JOSE BLVD	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP</td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP</td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP</td>	2.4 CITY - ST - ZIP
3.1 TITLE <td>3.2 NAME<td>3.3 STREET ADDRESS</td><td>3.4 CITY - ST - ZIP</td></td>	3.2 NAME <td>3.3 STREET ADDRESS</td> <td>3.4 CITY - ST - ZIP</td>	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
		1300 Riverplace Blvd.	
4.1 TITLE <td>4.2 NAME<td>4.3 STREET ADDRESS<td>4.4 CITY - ST - ZIP</td></td></td>	4.2 NAME <td>4.3 STREET ADDRESS<td>4.4 CITY - ST - ZIP</td></td>	4.3 STREET ADDRESS <td>4.4 CITY - ST - ZIP</td>	4.4 CITY - ST - ZIP
5.1 TITLE <td>5.2 NAME<td>5.3 STREET ADDRESS<td>5.4 CITY - ST - ZIP</td></td></td>	5.2 NAME <td>5.3 STREET ADDRESS<td>5.4 CITY - ST - ZIP</td></td>	5.3 STREET ADDRESS <td>5.4 CITY - ST - ZIP</td>	5.4 CITY - ST - ZIP
6.1 TITLE <td>6.2 NAME<td>6.3 STREET ADDRESS<td>6.4 CITY - ST - ZIP</td></td></td>	6.2 NAME <td>6.3 STREET ADDRESS<td>6.4 CITY - ST - ZIP</td></td>	6.3 STREET ADDRESS <td>6.4 CITY - ST - ZIP</td>	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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Glavin

Date

Signature #

4-1-95

737-7820