PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 406199

LAKE COUNTY UTILITIES, INC

| Principal Place of Business Mailing Address 905 NORTH STR 905 NORTH STR | | | | | · | - 1106Ht Statt and nation there are | | | |
|---|---|---|-------------|----------------|---------------------------------|---|---------------------------|---------------------------------|------------------------|
| JACKSONVILLE FL 32211-5793 US JACKSONVILLE FL 32211-5793 US | | | 33 | | | DO NOT WRITE | IN THIS | SPACE | |
| 05 | | | | | | 3. Date Incorporated or Qualifed 08/03/1972 | | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | _ | Apr | olied For |
| 21 | | 26 | ¬ | | | 59-1533774 | | Not | Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | | \$8.75 A | | |
| 22 | | 27 | | | | | | Fee Rec | <u> </u> |
| City & State | 9 v = v = = | City & State | | | | 6. Election Campaign Financing | | \$5.00 | · . |
| 23 | | 28 | Cour | | | Trust Fund Contribution | | Added to | Fees |
| Zip | Country | Zip | Coun 50 | пу | | This corporation owes the currer Personal Property Tax. | | | □No I |
| 24 | 9. Name and Address of Curre | 1 - 1 | 50 <u> </u> | | | 10. Name and Address of New Re | | | = |
| | 5. Name and Address of Curre | ur vedizreien våeur | | B1 Name | <u>`</u> | | 9 | | |
| POT | TER, ALAN W. | | | | | TO CO. D. M. L. W. S. MAN A | 1-1 | | |
| 905 NORTH STR | | | | 32 Street | t Addre | ess (P.O. Box Number is Not Acceptab | le) | | į |
| JACI | KSONVILLE FL 32211 | | ļ, | 83 | | | _ | | |
| | | | | | | | | 7 | |
| | | | ' | B4 City | | | FL | 85 Zip C | ode |
| office or r | to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig | of Florida. Such change was aut | nonzea | bv the cort | d corpo poration | oration submits this statement for the p n's board of directors. I hereby accept | urpose of o the appoin | changing its i itment as reg | registered jistered |
| SIGNATURE | | | | * | des d | | DATE | | \ |
| 40 | Signature, typed or printed name of registered ag | ent and title if applicable. (NOTE: F ND DIRECTORS | 13. | gent signature | e required | when reinstating) ADDITIONS/CHANGES TO OFFI | | D DIRECTO | RS IN 12 |
| 12. | P | DELETE | 1.1 TITL | | T^- | Nobinotorous trade to attra | | Change | Addition |
| NAME | POTTER, ALAN W | | 1.2 NAN | | | | | | |
| STREET ADDRESS | 905 NORTH STR | | | EET ADDRESS | s | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1 | (-ST-ZIP | 1 | | | | { |
| TITLE | ST | ☐ DELETE | 2.1 TITL | | \top | | | Change | Addition |
| NAME | POTTER, JANE P. | | 2.2 NAM | 1E | | | | | } |
| STREET ADDRESS | 374 SECOND STREET | | 2.3 STR | EET ADDRESS | s | | | | 1 |
| CITY-ST-ZIP | ATLANTIC BEACH FL | | 2.4 CIT | Y-ST-ZIP | | | | | |
| TITLE - | - 4 | ☐ DELETE | 3.1 TITL | | T | | Ţ - | ☐ Change | Addition |
| NAME | | | 3.2 NAM | 1E | ļ | | | | |
| STREET ADDRESS | | | 3.3 STF | EET ADORES | s | | | | |
| CITY-ST-ZIP | | | 3.4. CfT | Y-ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITL | .E | | | | ☐ Change | ☐ Addition |
| NAME | | | 4. 2 NA | 4E | 1 | | | | |
| STREET ADDRESS | | | 4.3 STR | EET ADDRESS | is | | | | ļ |
| CITY-ST-ZIP | | | _ | Y+ST-ZIP | <u> </u> | <u> </u> | | 77.0 | |
| πιε | | ☐ DELETE | 5.1 TITL | | | | | Change | ☐ Addition |
| NAME | | | 5.2 NAM | | | | | | |
| STREET ADDRESS | | | | REET ADDRES | S | | | | |
| CITY-ST-ZiP | | | | Y-ST-ZIP | | | | <u> </u> | |
| TITLE | | ☐ DELETE | 6.1 TITL | | | | | ☐ Change | ☐ Addition |
| NAME | [| | 6.2 NA | | | | | | |
| STREET ADDRESS | 1 | | 6.3 STF | REET ADDRESS | S | | | | |

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 attactoryent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

03/18/99

904-725-4522 904-880-8795

Date

FILED

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90095 036 ***150.00