SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Aug 12 1996 8:00 am
Secretary of State

DOCUMENT # **408838** **(1)**

1. Corporation Name
DEEP CREEK UTILITIES, INC.

Principal Place of Business	Mailing Address
8120 S. SUNCOAST BLVD. HOMOSASSA FL 34446 US	515 OLIVE STE 1400 ST LOUIS MO 63101 US

2. Principal Place of Business	2a. Mailing Address
21	26 212 South Central
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 100
City & State 23	City & State 28 St. Louis, MO
Zip 24 / Country 25	Zip 29 63105 / Country 30

3. Date Incorporated or Qualified: **09/14/1972**
3a. Date of Last Report: **08/03/1995**
4. FEI Number: **59-1515895** ☐ 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

MOORE, JAMES E III
1625 W MARION AVENUE
SUITE 2
PUNTA GORDA FL 33950

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 (Signature of New Registered Agent, if changing) (Signature of New Registered Agent, if changing) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CS	☐ DELETE	11 TITLE	Chairman, Sec, & Director	☑ Change ☐ Addition
NAME	LOVE, ANDREW S., JR.		12 NAME		
STREET ADDRESS	515 OLIVE ST, STE 1400		13 STREET ADDRESS	212 South Central, Suite 100	
CITY-ST-ZIP	ST. LOUIS MO		14 CITY-ST-ZIP	St. Louis, MO 63105	
TITLE	VP	☐ DELETE	21 TITLE		☑ Change ☐ Addition
NAME	SCHIFFER, RODNEY M.		22 NAME		
STREET ADDRESS	515 OLIVE ST, STE 1400		23 STREET ADDRESS	212 South Central, Suite 100	
CITY-ST-ZIP	ST LOUIS MO		24 CITY-ST-ZIP	St. Louis, MO 63105	
TITLE	AS	☐ DELETE	31 TITLE		☑ Change ☐ Addition
NAME	LLEWELLYN, DEBORAH F		32 NAME		
STREET ADDRESS	8120 S. SUNCOAST BLVD.		33 STREET ADDRESS	DELETE	
CITY-ST-ZIP	HOMOSASSA FL		34 CITY-ST-ZIP		
TITLE	P	☐ DELETE	41 TITLE	Pres. & Director	☑ Change ☐ Addition
NAME	SCHIFFER, LAURENCE A.		42 NAME		
STREET ADDRESS	515 OLIVE STREET #1400		43 STREET ADDRESS	212 South Central, Suite 100	
CITY-ST-ZIP	ST. LOUIS MO		44 CITY-ST-ZIP	St. Louis, MO 63105	
TITLE	AS	☐ DELETE	51 TITLE	Asst Sec & Treasurer	☑ Change ☐ Addition
NAME	CLEMENT, GLORIA D.		52 NAME		
STREET ADDRESS	515 OLIVE ST, STE 1400		53 STREET ADDRESS	212 South Central, Suite 100	
CITY-ST-ZIP	ST LOUIS MO		54 CITY-ST-ZIP	ST. Louis, MO 63105	
TITLE		☐ DELETE	61 TITLE	Assistant Treasurer	☐ Change ☑ Addition
NAME			62 NAME	Annette Kovarik	
STREET ADDRESS			63 STREET ADDRESS	212 South Central, Suite 100	
CITY-ST-ZIP			64 CITY-ST-ZIP	St. Louis, MO 63105	

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gloria D. Clement GLORIA D. CLEMENT 8/5/96 (314) 512-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #