


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 408838 (1)					
1. Corporation Name DEEP CREEK UTILITIES, INC.					
Principal Place of Business 8120 S. SUNCOAST BLVD. HOMOSASSA FL 34446 US			Mailing Address 515 OLIVE STE 1400 ST LOUIS MO 63101 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 212 South Central		09/14/1972	
22 City & State		27 Suite 100		3a. Date of Last Report	
23 Zip		28 St Louis MO		08/12/1996	
24 Country		29 Country		4. FEI Number	
25		30		59-1515895	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MOORE, JAMES E III 1625 W MARION AVENUE SUITE 2 PUNTA GORDA FL 33950				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	
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 resigning) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	CSD	<input type="checkbox"/> DELETE			
NAME	LOVE, ANDREW S., JR.				
STREET ADDRESS	212 SOUTH CENTRAL, SUITE 100				
CITY-ST-ZIP	ST LOUIS MO				
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	SCHIFFER, RODNEY M.				
STREET ADDRESS	22 SOUTH CENTRAL, SUITE 100				
CITY-ST-ZIP	ST LOUIS MO				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	SCHIFFER, LAURENCE A.				
STREET ADDRESS	212 SOUTH CENTRAL, SUITE 100				
CITY-ST-ZIP	ST LOUIS MO				
TITLE	AST	<input type="checkbox"/> DELETE			
NAME	CLEMENT, GLORIA D.				
STREET ADDRESS	212 SOUTH CENTRAL, SUITE 100				
CITY-ST-ZIP	ST LOUIS MO				
TITLE	AT	<input type="checkbox"/> DELETE			
NAME	KOVARIK, ANNETTE				
STREET ADDRESS	212 SOUTH CENTRAL, SUITE 100				
CITY-ST-ZIP	ST LOUIS MO				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I do 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: *Gloria D. Clement* Gloria D. Clement 9/15/97 (314) 512-8711

CP2E034 (4/97)