FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 408838

DEEP CREEK UTILITIES, INC.

(1)

FILED May 19 1998 8:00am Secretary of State



						JIDEL BLUER BABAL BIDEL LBDE
	e of Business	Mailing Address				
8120 S. SUNCOAST BLVD. 212 SOUTH CENTRAL						
HOMOSASSA FL 84446 US		STE 100 St Louis Mo 63101 Us				
					DO NOT WRITE IN THIS SPACE	
<u> </u>	_	00			3. Date Incorporated or Qualified 09/14/1972	
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-1 <u>5</u> 15895	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the curr	
24	25]	29	30			Yes 🔀 No
	9. Name and Address of Curre	nt Registered Agent		<u></u>	10. Name and Address of New Registered A	lgent
MOORE, JAMES E III				81 Name		
1625 W MARION AVENUE				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 2						
PUNTA GORDA FL 33950				83		
				84 City		85 Zip Code
				U.S.	FL	Elb Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State on familiar with, and accept the oblig	e of Florida, Such change.	was authorized	i by the corporal	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing its registered pintment as registered
SIGNATURE						
	Signature, typed or printed name of regulated ap-			Agent signature requi		DIDECTORS IN 40
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	LOVE, ANDREW S., JR.	☐ DELET		1		L_ Change L_ Addition
NAME	212 SOUTH CENTRAL, SUITE	E 100	1.2 N/	- 1		
STREET ADDRESS		E 100	1.3 \$1	REET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO			Y-ST-ZIP		
TITLE	PO HERES LAUSENCE A	☐ DELET	E 2.1 TI	'LF		Change Addition
NAME	SCHIFFER, LAURENCE A.	P 444	2.2 N/	ME		
STREET ADDRESS	212 SOUTH CENTRAL, SUITE	E 100	2.3 S7	REET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO			TY-\$1-ZiP		
TITLE	AST	DELET	3.1 TI	LE		Change Addition
NAME	CLEMENT, GLORIA D.		3.2 N/	ME		
STREET ADDRESS	212 SOUTH CENTRAL, SUITE	E 100	3.3 ST	REET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		3.4. C	TY-ST-ZIP		
TITLE	AT	DELET	E 4.1 TI	LE LE		Change Addition
NAME	KOVARIK, ANNETTE		4.2 N	AME		
STREET ADDRESS	212 SOUTH CENTRAL, SUIT	E 100	4.3 ST	REET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO			TY-ST-ZIP		
TITLE		☐ DELET				Change Addition
NAME		_ ·	5.2 N/	,		• —
STREET ADDRESS				REET ADDRESS		
				ļ		
CITY-ST-ZIP TITLE		DELET		Y-ST-ZIP		Change Addition
		L-1 Office				E Shango E recolloid
NAME			6.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			6.4 CI	Y-ST-ZIP		

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 attachment with an address.