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.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

DOCUMENT # 412435

(0)

SECO UTILITY CORPORATION

FILED Jul 29 1997 8:00am Secretary of State

Principal Place of Business Mailing Address						r and file didnes that it bines with i dies with the control of the bines of the control of the				
-800 BELL BO		700 BELL ROAD	•							
		100 BCCC NOAD	-							
	1					DO NOT WRITE	,			
						 Date Incorporated or Qualified 11/09/1972 	3a. Date 04/23	of Last R 3/1996	leport	
·	Place of Business	2a. Mailing Addre	ss			4. FEI Number		Ar	oplied For	
21		26				59-1438251 Not Applicable				
Suite, Apt.	. #, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27				6. Certificate of Status Desired		Fee Re	equired	
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28	··		···	Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	—	untry		8. This corporation owes or has pa-	_	_		
24	25	29	30			Personal Property Tax due June			_] No	
	9. Name and Address of Curr	ent Hegistered Agent		041	N	10. Name and Address of New Re	gistered Ag	ent		
	NSTALL, JOHN W			81	Name					
	4 SANDY SHORE AVE.			82	Street Addr	et Address (P.O. Box Number is Not Acceptable)				
SAI	rasota fl 34242									
	:			83						
				84	City			85 Zip (Code	
	<u>_i</u>				·					
office or i	registered agent, or both, in the Sta am familiar with, and accept the obl	ale of Florida. Such chang	je was authorize	id by	the corporat	oration submits this statement for the p tion's board of directors. I hereby accep	t the appoin	tment as	registered	
GIGITATORE	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Registore	d Ager	nt signature requir	red when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	IS IN 12	
TITLE	P	☐ DEL	.ETE 1.1 T	TLE				Change	Addition	
NAME	TUNSTALL, JOHN W		1.2 N	AME						
STREET ADDRESS	5064 SANDY SHORE AVE.		1.3 S	TREET A	ADDRESS					
CITY-ST-ZIP	SARASOTA FL			ITY-ST	- ZIP					
TITLE	İ	☐ DEL	.ETE 2.1 TI	ITLE		·		Change	Addition	
NAME			2.2 N	AME	ľ					
STREET ADDRESS			2.3 \$	TREET A	ADDRESS					
CITY-ST-ZIP				DITY-\$	T-ZIP					
TITLE		☐ DEL	ETE 3.1 T	ITLE			L	Change	Addition	
NAME	į		32 N	AME						
STREET ADDRESS			3.3 S	TREET A	ADDRESS .					
CITY-ST-ZIP				XTY-S1	r- 2 IP					
TITLE	;	☐ DEL	ETE 4.1 TO	TLE				Change	Addition	
NAME			4. 2 ħ	IAME						
STREET ADDRESS	i .		4.3 S	TREET A	ADDRESS					
CITY-ST-ZIP				TY-ST	- ZIP					
TITLE	ł i	☐ DEL	ETE 5.1 Ti	TLE				Change	Addition	
NAME			5.2 N	AME		•				
STREET ADDRESS			5.3 S	TREET A	ADDRESS					
CITY-ST-ZIP				TY-ST	- ZIP					
TITLE		☐ DEL	ETE 6.1 TI	TLE				Change	Addition	
NAME			6.2 N	AME						
STREET ADDRESS			6.3 S	TREET A	ADDRESS					
CITY-ST-ZIP			6.4 C	ITY-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.

SIGN BOWN

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