

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90178 009 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 414794

1. Corporation Name
HEATHROW UTILITIES, INC.

Principal Place of Business
 201 W FIRST ST
 SANFORD FL 32771

Mailing Address
 201 W FIRST ST
 SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/18/1972

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1429222

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 Zip County

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 Zip 25 County

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMMONS, DAVID H
332 N. MAGNOLIA AVE.
ORLANDO FL 32801

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PAULUCCI, JENO F. 201 W FIRST ST SANFORD FL	<input type="checkbox"/>	1.2 NAME	
PAULUCCI, MICHAEL J 201 W FIRST ST SANFORD FL	<input type="checkbox"/>	1.3 STREET ADDRESS	
PAULUCCI, JENO F 201 W FIRST ST SANFORD FL	<input type="checkbox"/>	1.4 CITY-ST-ZIP	
NELSON, LARRY W. 201 W FIRST ST SANFORD FL	<input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	2.2 NAME	
	<input type="checkbox"/>	2.3 STREET ADDRESS	
	<input type="checkbox"/>	2.4 CITY-ST-ZIP	
	<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	3.2 NAME	
	<input type="checkbox"/>	3.3 STREET ADDRESS	
	<input type="checkbox"/>	3.4 CITY-ST-ZIP	
	<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	4.2 NAME	
	<input type="checkbox"/>	4.3 STREET ADDRESS	
	<input type="checkbox"/>	4.4 CITY-ST-ZIP	
	<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	5.2 NAME	
	<input type="checkbox"/>	5.3 STREET ADDRESS	
	<input type="checkbox"/>	5.4 CITY-ST-ZIP	
	<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	6.2 NAME	
	<input type="checkbox"/>	6.3 STREET ADDRESS	
	<input type="checkbox"/>	6.4 CITY-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 any attachment with an address, with all other like empowered.

SIGNATURE:

Larry W. Nelson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry W. Nelson

Date

107-321-7004
 Daytime Phone #

CR2E034 (11/98)

