

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 423884 (6)

1. Corporation Name

SOUTH BROWARD UTILITY, INC.



Principal Place of Business

% RONALD F. STORY
1408 N. WESTSHORE BLVD., SUITE 908
TAMPA FL 33607
US

Mailing Address

C/O STEPHEN F. STORY
1408 N WESTSHORE BLVD #908
TAMPA FL 33607
US

3. Date incorporated or Qualified
04/19/1973

3a. Date of Last Report
05/01/1995

4. FEI Number

59-1886980

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Stephen F. Story
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 1408 N. Westshore Blvd.,
City & State Suite 908

27 City & State

23 Tampa, FL

28 Zip

24 33607

25 Country
US

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STORY, STEPHEN F.
1408 N. WESTSHORE BLVD.
SUITE 908
TAMPA FL 33607

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 the if applicable

(NOTE: Registered Agent signature required when not signing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVS ☐ DELETE
NAME STORY, STEPHEN F.
STREET ADDRESS 1408 N. WESTSHORE BLVD., SUITE 908
CITY-ST-ZIP TAMPA FL

TITLE T ☒ DELETE
NAME WALKER, NORMA
STREET ADDRESS 1408 N WESTSHORE BL 908
CITY-ST-ZIP TAMPA FL

TITLE DVAS ☒ DELETE
NAME STORY, STEPHEN F.
STREET ADDRESS 1408 N WESTSHORE BLV 908
CITY-ST-ZIP TAMPA FL

TITLE P ☐ DELETE
NAME GOODELL, THOMAS W
STREET ADDRESS 7198 BENEVA RD
CITY-ST-ZIP SARASOTA FL

TITLE VAS ☒ DELETE
NAME CAPPELLO, VALARIE G.
STREET ADDRESS 1408 N W-SHORE BLVD 908
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE TAS ☐ Change ☒ Addition
2.2 NAME Cassidy, Eugene F.
2.3 STREET ADDRESS 1408 N. Westshore Blvd., Suite 908
2.4 CITY-ST-ZIP Tampa, FL 33607

3.1 TITLE AS ☐ Change ☒ Addition
3.2 NAME Tramontano, Lillian
3.3 STREET ADDRESS 1408 N. Westshore Blvd., Suite 908
3.4 CITY-ST-ZIP Tampa, FL 33607

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 its 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN F. STORY

February 9, 1996

(813) 287-0023

Date

Daytime Phone #

CR2E034 (12/95)