| | PROFIT PORATION IAL REPORT 1996 | | Secret | ARTMENT OF STATE B Morth on ary of State CORPORATIONS | | | |
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| DOCUN 1. Corporation | MENT # | 445883 | (2) | | | | |
| PIPE RI | TE UTILITIES | , LTD., INC. | | |) tallil bidir bibar birar ratur in | li as ele sian sese gian al | lic Biác acto caa |
| Principal Place | of Business | Mail | ling Address | | | | |
| 900 WEST 101 P.O.BOX 9818 RIVIERA BEAC | 1 | P. | X) west 10th strei O.Box 9818 Viera Beach FL 33 | | | | |
| | - | | | | 3. Date Incorporated or Qualified 02/06/1974 | 3a. Date of Last 05/01/19 | |
| 2. Principal Place | | 26 | Mailing Address | ······ | 4. FEI Number 59-1520245 | | Applied For Not Applicable |
| Suite, Apt. # | , etc | 27 | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | Mar I | 5 Additional Required |
| Orty & State | | 28 | Oity & State | | Election Campaign Financing Trust Fund Contribution | | 00 May Be led to Fees |
| Zip 24 | 25 | 29 | Zip | Country 30 | This corporation has liability to Florida Statutes Yes Yes | or intangible tax under : | |
| | 9. Name and A | ddress of Current Registe | red Agent | 81 Name | 10. Name and Address of New | Registered Agent | |
| | DOUGLAS S T TENTH ST | | | 82 Street Add | ress (P.O. Box Number is Not Accepta | able) | |
| | BCH FL 33404 | | | 83 | | | |
| | | | | 84 City | | FL 85 2 | Pip Code |
| Pursuant to private registered | the provisions of S | Sections 607 0500 and 607 | | | | | |
| familiar with | d agent, o poth, in i, and agost the ol | the State of Florida, Such of Mations of Redion 677,05 | 1508, Florida Statute zhange was aufhorize 505: Florida Statutes | is, the above named corporation's boa | ration submits this statement for the pi rd of directors. Thereby accept the ap | | registered office ad agent Tanı |
| familiar with | d agent, opporth, in and ageograph the old age agent the old age agent the old age agent the old agent the | the State of Florida. Such of bligations of Seglion 947.05 | 505, Florida Statutes. | LAS S. EAKINIS | rd or directors. I hereby accept the app | | d agent I am |
| familiar with | and accept the ol | hydrions of Stolion 6/7.05 | Florida Statutes. 20460 | AS S. EAKINS Fragilized Aport Signature require | rd or directors. I hereby accept the app | urpose of changing its pointment as registere 4-24-9 DATE FICERS AND DIRECTOR | Agent Lam |
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