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 #

468864

(4)

SANIBEL BAYOUS UTILITY CORPORATION

FILED
Jan 30 1998 8:00am
Secretary of State

Principal Place of Business	Mailing Address			. 41811 B(616 B1811 B)911 B)811 B)811 B(811 £88)
15560 MCGREGOR BLVD.	15560 MCGREGOR E	DI VID		
STE. 0	STE. 8	DEVO.		
FT MYERS FL 33908	FT MYERS FL 33908	}	DO NOT WRITE	IN THIS SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address	<u></u>	01/31/1975 4. FEI Number	1 14 11 16
21	—		The state of the s	Applied For
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		59-1616667	Not Applicable
22	27	•	Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country		Country	8. This corporation of es or has pai	
24 25	29	30	Personal Property Tax due June	
9, Name and Addres	ss of Current Registered Agent		10. Name and Address of New Rec	platered Agent
Broeder, William		81 Name		
1681 KENNEDY CAUSEW		82 Street	Address (P.O. Box Number is Not Acceptable	е)
N BAY VILLAGE FL 3314	1	83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Section	ons 607,0502 and 607,1508, Florida St	tatutes, the above-named	corporation submits this statement for the pupperation's board of directors. I hereby accept	
office or registered agent, or both, agent. I am lamiliar with, and acce	in the State of Florida. Such change w pt the obligations of, Section 607.0505	vas authorized by the cor 5. Florida Statutes.	poration's board of directors. I hereby accep-	t the appointment as registered
SIGNATURE		,		
	of registered agent and little if applicable	(NOTE: Registered Agent signature		DATE
	FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	TO THE PERSON NAMED IN COLUMN
TITLE PD	☐ DELETE	1.1 TITLE		Change Addition
NAME BROEDER, WILLIAM		1.2 NAME		
STREET ADDRESS 1681 KENNEDY CS	iwy.	1.3 STREET ADDRESS		
CITY-ST-ZIP N.BAY VILLAGE FL	- October	1.4 CITY - ST - ZIP		
TIFLE VP	☐ DELETE			Change Addition
NAME WINROW, GARY	OD DIVO	2 2 NAME	INECA N. COKONO SI	10 #0
STREET ADDRESS 48451-22 MCGREG	OK-BLV U	2.3 STREET ADDRESS	15560 McGregor Bu FORT MYERS FL 3390	1412 - B
CITY-ST-ZIP FT MYERS-FL-	☐ DELET e	2 4 CITY-SI-ZIP	FORT MILITY TIME 7 7790	Change Addition
NAME	ي الدار	3.1 TITLE 3.2 NAME		CT Oriende CT Vegition
STREET ADDRESS				
		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE			Change Addition
NAME	_	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE			Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY OF THE				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florioa 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 trustoc 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.

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