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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 479372

(5)

HUDSON UTILITIES, INC.

Principal Place 14334 OLD DIX HUDSON FL 34	IE HWY	Mailing Address 14334 OLD DIXIE HWY HUDSON FL 34667-1134	14334 OLD DIXIE HWY						
						3. Date Incorporated or Qualified 06/20/1975		ate of Last Re )1/1996	eport
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Ap	plied For	
21 Silto Aut William		Suite, Apt #, etc.			59-1619890			t Applicable	
Suite, Apt. #, ctc.		i kan ''a' '	35,510, Apr. 41, etc.			5. Certificate of Status Desired	d Sa.75 Additional Fee Required		
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
20 (Zauslov		28	_			Trust Fund Contribution  Added to Fees			
Zip	Country <b>25</b>	<u></u>	Zip Country  29 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
24	9, Name and Address of Current Regis		because the second control of the co			10. Name and Address of New Registered Agent			
BAM	MANN, ROBERT			81	Name				
5545	ESSEX WAY		82 Street Add		Street Addre	ress (P.O. Box Number is Not Acceptable)			
NEW	PORT RICHEY FL 34652		83						
			1	84	Cit.			ar  7.5 (	2040
				•	City		FL	85 Zip (	.oue
agent La SIGNATURE	m familiar with, and accept the oblig Stantan, typed or pretectaine of registered ac	gations of, Section 607.0505, F	lorida Statu	ites.	the corporation	on's board of directors, I hereby accept d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE		
12.	PST	DELETE		11 TITLE		ADDITIONS/CHANGES TO OFFICE	ERS ANL	Change	Addition
NAME	BAMMANN, ROBERT	<b>b</b>	1.2 NAI						
STHEET ADDRESS	5545 ESSEX WAY		1.3 STREET ADDRESS		ADDRESS				
CUY-S1_ZIE	NEW PORT RICHEY FL		14 CII	y-st	- ZiP				
MILE	VD	DEFE LE	2 1 TIT	LF				Change	Addition
NAME				2.2 NAME					
STREET ADDRESS	5545 ESSEX WAY		2.3 STREET ADDRESS 2.4 CHY-ST-ZIP						
COLY - ST - ZOP TOTEF			3 1 TiT		1 - ZIP			Change	Addition
NAME		DEC.10	32 NAME						
SEREET ADORESS				33 STREET ADDRESS					
CITY- \$1-76°			34 CI						
T-TLF	DELETE 41		4 1 TIT	LF				Change	Addition
NAME			4 2 NA	ME					
STREET ADORESS				REETA	ADORESS				
0014-81-7-5			4.4 CITY - ST - ZIP		- ZIP			Change	Addition
TALE NAME		☐ DELETE	5 1 TIT					Change	Addition
NAME STREET ADORESS			5 2 NAI		ADDRESS				
CITY SE-ZP			54 CIT		)				
Tille		DELETE	61 TIT		-"			Change	Addition
NAMI			6.2 NAI					-	
STREET AUSRESS			63 STF	REET A	ADDRESS				
C(TV-S1-7)F	The state of the s	64 CIT	Y-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 armual 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 cognitation 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 extrachment with an address.

SIGNATURE:

ATTING TOPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3-18-97 (352) 863-0205

**FILED** 

Mar 21 1997 8:00am

Secretary of State

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