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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997			Secretary DIVISION OF CO				Secretary of State				
	MENT # 48 In Name ECH UTILITIES, I		(0)				7 	1641 1 188 1 11 8 11 (8818 8 011	01 1 14 11 1 14 11	HAN BIBN BIBN I	1111 18 11
Principal Place of Business 6570 SE FEDERAL HWY STUART FL 34997		6570	Mailing Address 6570 SE FEDERAL HWY STUART FL 34997-8315								
							3. Date Incorport 10/03/197	orated or Qualified		ate of Last Re 22/1996	aport
2. Principal Pi	lace of Business	2a. N	2a. Mailing Address				4. FEI Number		1 0418		plied For
21		26					59-17842	252			t Applicable
Suite Apt -	# etc	S	uite, Apt. #, etc.				5. Certificate of	Status Desired		\$8.75 A	
City & State	0		ity & State		·		6. Election Car	npaign Financing		\$5.00	·
23		28		·			Trust Fund C			Added t	o Fees
Zip	Count	'	ip	Count 30	ry		8. This corpora Florida Statu	tion has fiability for	intangible] Yes [_	199.032,
24 25 29 3 9. Name and Address of Current Registered Agent								Address of New Re			
KEA'	THLEY, TERRY M			8	1 Name		***************************************				
6570 S.E. FEDERAL HWY.					2 Street	Addre	s (P.O. Box Num	ber is Not Acceptat	ole)		
STU	ART FL 34997				3		<u></u>	· · · · · · · · · · · · · · · · · · ·			
					<u> </u>		<u></u>				
				8	4 City		-		FL	85 Zip (Code
11. Pursuanti	to the provisions of Sec	ctions 607.0502 and 607	.1508, Florida Statu	tes, the abo	ve-named	corpo	ration submits this	s statement for the p		f changing it	s registered
office or n agent. I a	egisterod agent, or bot m familiar with, and aci	ctions 607.0502 and 607 th, in the State of Florida cept the obligations of, S	Such change was Section 607.0505, Fi	authorized Iorida Statut	by the corp es.	ooratio	in's board of direc	tors. I hereby acce:	pt the app	ointment as	registered
SIGNATURE											
12.		ne of registered agent and title if a DEFICERS AND DIRECT		IE Ragistered A	gent signature	require	1 when reinstating)	HANGES TO OFFIC	DATE CERS AND	DIRECTOR	S IN 12
TIFLE	ST	OF FOLITS AND DIRECT	DELETE	1.1 1111.6			ABBITTORIS	A PARTOLO TO CITTO	JC110 / 1140	Change	Addition
NAME	KEATHLEY, PHILLI	PM.		1.2 NAM	IE .	, ,					
SPREET ADDRESS	7696 S.E. INDEPE	NDENCE AVE.		1.3 STRE	ET ADDRESS	9	295 S.E.	Venus St			
CITY - S1 - 7IP	HOBE SOUND FL			1.4 CITY							
TITLE	b b		☐ DELETE	2.1 TOLE						Change	Addition
NAMF	BOBO, GERALD 104 E. HAMPTON	WAV		2.2 NAM							1
STREET ADORESS OITY ST-ZIP	JUPITER FL	WAI			ET ADDRESS (-St-ZIP			, v.,			
TITLE	VD		DELETE	31 TITLE					·	Change	Addition
NAM:	KEATHLEY, TERRY			3.2 NAM	E]]					
STREET ADDRESS	3734 OLD ST. LUC			3.3 STRE	ET ADDRESS						}
Cally-ST ZIP	STUART, FL 00000)	T DELETE		-ST-ZIP					T - 0	1 4 2 10 2 2
Trille			DELETE	4.1 1(1)						Change	Addition
NAME STHEE! ADDRESS				4 2 NAM 4 3 STRE	AL Et address						Ì
CITY-SI-ZIP					-ST-ZIP						
THE			DELETE	5.1 TITU			····, —····, ·····			Change	Addition
NAME				5.2 NAM	E						}
STREET ADORESS					ET ADDRESS						
CHY-SI-7P			DELETE		-ST-ZIP		·	·		Change	Addition
THUE MANUE			□ httpt	61 TITLI 62 NAM						- change	FT WARRING
NAME STREET ADDRESS					et address						
210011000000				3.5 57110							1

64 CITY-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 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 an attachment with an address.

FILED

Apr 02 1997 8:00am

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