

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 492347 (0)

1. Corporation Name
SOUTH SEAS UTILITY COMPANY



Principal Place of Business
13391 MCGREGOR BLVD. SW
FT MYERS FL 33919-5934

Mailing Address
13391 MCGREGOR BLVD. SW
FT MYERS FL 33919-5934

3. Date Incorporated or Qualified 12/10/1975
3a. Date of Last Report 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1651865	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

MARINER GROUP, INC.
12800 UNIVERSITY DR.
SUITE 350
FT MYERS FL 33919

10. Name and Address of New Registered Agent

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 title of corporation

(If not the Registered Agent, signature required when terminating)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C TAYLOR, ROBERT M	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12800 UNIVERSITY DR., #350	1.2 NAME	
STREET ADDRESS	FT. MYERS FL	1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	V DIXON, JAMES H.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12800 UNIVERSITY DR., STE. 350	2.2 NAME	
STREET ADDRESS	FT. MYERS FL	2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	V BLACKETER, JOE E.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5749 SANDPIPER PLACE	3.2 NAME	
STREET ADDRESS	FORT MYERS FL	3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	ST WEAVER, CAROL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12800 UNIVERSITY DR., STE. 350	4.2 NAME	
STREET ADDRESS	FT. MYERS FL	4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	S BLACK, KATHY	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12800 UNIVERSITY DR., STE. 350	5.2 NAME	Linda M. Suszek, S
STREET ADDRESS	FT. MYERS FL	5.3 STREET ADDRESS	12800 University Drive - #260
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	Fort Myers, FL 33907
TITLE	AS SWEYER, LYNN A.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12800 UNIVERSITY DR. #350	6.2 NAME	
STREET ADDRESS	FORT MYERS FL	6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 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.

SIGNATURE:

James H. Dixon, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96
Date

9/1/98/2011
Day/Mo/Yr

CR2E034 (12/95)