

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 501289

(3)

1. Corporation Name

N.C. UTILITIES SERVICES, INC.

Principal Place of Business

8807 ELY RD
BOX 15 ELLYSON INDUSTRIAL PARK
PENSACOLA FL 32514
US

Mailing Address

8807 ELY RD
BOX 15 ELLYSON INDUSTRIAL PARK
PENSACOLA FL 32514
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/15/1976

3a. Date of Last Report
04/01/1994

4. FEI Number
59-1662250

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

LINHART, LARRY R.
8807 ELY RD
BOX 15 ELLYSON INDUSTRIAL PARK
PENSACOLA FL 32514

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 date of application

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
LINHART, LARRY R
8807 ELY RD, BOX 15, ELLYSON INDUST PK
PENSACOLA, FL 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
POWELSON, ROBERT L
5838 EAST BARNEIL LANE
PARADISE VALLEY AZ

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
BRITTAN, JAMES W.
394 HOWLAND DR
GAHANNA OH

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
GOVERN, JOSEPH L
252 WOODEDGE CIRCLE
POWELL, OHIO 43065

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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 110.07(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 addition.

SIGNATURE:

James W. Brittan

James W. Brittan

3/27/95

614-875-1313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number