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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 510721

(4)

SOUTHWEST UTILITY SYSTEMS, INC.

Principal Place of Business Mailing Address

18341 OLD U.S. 41 SOUTH
FORT MYERS FL 33912 FORT MYERS FL 33912

FILED Apr 15 1998 8:00am Secretary of State



FORT MYERS FL 33912 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/17/1976 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-1684363 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. П 5. Certificate of Status Desired Fee Recuired 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zφ Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent COWART, RICHARD T 16341 OLD US 41 SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33912 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change 1.1 TITLE TITLE COWART, RICHARD T NAME 1.2 NAME 16341 OLD U.S. 41 SOUTH STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE NAME COWART, CLAUDIA G 2.2 NAME 16341 OLD U.S. 41 SOUTH STREET ADDRESS 2.3 STREET ADDRESS FT. MYERS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition 31 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE 61 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

14. I 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 employed 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: