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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	611918
T & A UTILITIES CO	INC.

(4)

Principa! Place of Business	Mailing Address



401 E. 24TH LYNN HAVEN		401 E. 24TH ST. LYNN HAVEN FL 3244	44			Date Incorporated or Qualified 02/26/1979	3a. Date o	f Last Re /28/19		
2. Principal Pla	ne of Business	2a. Mailing Address				4. FEI Number	, l . .		Applied For	
21	SO OF EGGINGSS	26				59-1897652			Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees					
City & State		City & State		Election Campaign Financing Trust Fund Contribution						
Zip	Country Zip Coun			intry		8. This corporation has liability for		under s	199.032,	
24	25 29 30					Florida Statutes 🛣 Yes 🗌 No				
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	legistered A	gent		
				81	Name					
	WILLIAMS, CHARLES C. 1220 PLANTATION DR.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
	A CITY FL 32401			83						
				84	City		FL	85 Zi	p Code	
familiar wit	h, and accept the obligations of, Sec	non 607,0505, Florida Statute	8.			oration submits (ris statement or the po and of directors. I hereby accept the app wed when reinstating)	DATE			
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF				
TITLE	DP	☐ DELETE	1. 1	TITLE		•	Ĺ.) Change	Addition	
NAME	WILLIAMS, CHARLES C.		1.21	NAME						
STREET ADDRESS	1220 PLANTATION DR.		1.3	STREET	ADDRESS					
CITY-ST-ZIP	PANAMA CITY FL				ST-ZIP		<u></u>	Change	Addition	
TITLE		☐ DELETE	1	TITLE			L	I onlinge		
NAME				NAME						
STREET ADDRESS					I ADDRESS					
CITY-ST-ZIP		DELETE		TITLE	ST - ZIP		Ē	Change	☐ Addition	
TITLE		- Detroit		NAME						
NAME STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP					S1 - ZIP					
TILE		☐ DELETE		TITLE			Ē] Change	Addition	
NAME			4.2	NAME						
STREET ADDRESS			4.3	STREE	1 ADDRESS					
CITY - S1 - ZiP			_		ST-ZIP			7 Channe	☐ Add9ico	
TITLE		☐ DELETE		TITLE	1		L] Change	☐ Addition	
NAME	·			NAME						
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP					ST-ZIP		<u></u>	Change	☐ Addition	
TITLE		☐ DELETÉ		TITLE	i i		L	7 minnife	L	
NAME				NAME	l					
STREET ADDRESS					T ADDRESS					
CITY - ST - ZIP		a tat at a comment of			ST-ZIP	by for the exemption stated in Section 11	9.07(3)(k) Flo	rida Stat	ites I further	

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 directly 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 or changed, open an attachment with an address.

SIGNATURE:

22 APR 1996

Date

904-265-3642

Daytime Prione #