

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 618348

1. Corporation Name
COMPUTER UTILITIES, INC.

Principal Place of Business

8141 AQUILA STREET
#348
PT. RICHEY FL 34668
US

Mailing Address

PO. BOX 1074
PT. RICHEY FL 34673
US

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90022 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1979

4. FEI Number

59-3422436

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 13823 Echo Mountain Dr.
Suite, Apt. #, etc.

22 Hudson FL
City & State

23 34667 USA
Zip Country

24 25 29 34667 30 USA

2a. Mailing Address

26 13823 Echo Mountain Dr.
Suite, Apt. #, etc.

27 Hudson FL
City & State

28 34667 USA
Zip Country

29 34667 30 USA

9. Name and Address of Current Registered Agent

WINGATE, GAYLORD V SR.
8141 AQUILA ST
#348
PT. RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13823 Echo Mountain Drive

83

Hudson

84 City

FL

85 Zip Code

34667

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 Gaylord V Wingate Sr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-8-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE

NAME WINGATE, GAYLORD V SR.

STREET ADDRESS 8141 AQUILA ST. #348

CITY-ST-ZIP PT. RICHEY FL 34668

TITLE DP ☐ DELETE

NAME WINGATE, DELURY M.

STREET ADDRESS 8141 AQUILA ST. #348

CITY-ST-ZIP PT. RICHEY FL 34668

TITLE DVP ☐ DELETE

NAME WINGATE, PAMALA

STREET ADDRESS 27 W. RIDLEY AVE.

CITY-ST-ZIP RIDLEY PARK PA 19078

TITLE DVP ☐ DELETE

NAME WINGATE, GREGORY

STREET ADDRESS 27 W. RIDLEY AVE.

CITY-ST-ZIP RIDLEY PARK PA 19078

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

13823 Echo Mountain Dr.

1.4 CITY-ST-ZIP

Hudson, FL 34667

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

13823 Echo Mountain Dr.

2.4 CITY-ST-ZIP

Hudson, FL 34667

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: Gaylord V Wingate Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99 727-861-1147

Date

Daytime Phone #

CR2E034 (11/98)