

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **630993**

(4)

1. Corporation Name

SAWMILL RIDGE UTILITIES, INC.

Principal Place of Business

Mailing Address

**8465 OLD DIXIE HWY
POBOX 277
WABASSO FL 32970**

**8465 OLD DIXIE HWY
POBOX 277
WABASSO FL 32970**

3. Date Incorporated or Qualified

07/26/1979

3a. Date of Last Report

03/13/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GRAVES, J RICHARD, JR
8465 OLD DIXIE HWY
WABASSO FL 32970**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRAVES, J RICHARD, JR	
STREET ADDRESS	8465 OLD DIXIE HWY	
CITY-ST-ZIP	WABASSO, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BASS, ELIZABETH G	
STREET ADDRESS	6275 N MIRROR LK DR	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOCKWOOD, THOMAS W	
STREET ADDRESS	7275 - 45TH STREET	
CITY-ST-ZIP	VERO BEACH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAVES, J R	
STREET ADDRESS	1915 34TH AVENUE	
CITY-ST-ZIP	VERO BEACH, FL 00000	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	RANSON, CHARLES T.	
STREET ADDRESS	3500 MARSHA LANE	
CITY-ST-ZIP	VERO BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**400002140764
-04/11/97--01060--024
***1650.00**

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED
CHARLES T. RANSON 03-25-97 (561) 589-4356
EXECUTIVE VICE PRESIDENT
Daytime Phone #

0516652

CR2E034 (9/96)