

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 # 630993

1. Corporation Name

SAWMILL RIDGE UTILITIES, INC.



Principal Place of Business

8465 OLD DIXIE HWY
PO BOX 277
WABASSO FL 32970

Mailing Address

8465 OLD DIXIE HWY
PO BOX 277
WABASSO FL 32970

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1979

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1965945

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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 ☐ DELETE

NAME GRAVES, J RICHARD, JR

STREET ADDRESS 8465 OLD DIXIE HWY

CITY-ST-ZIP WABASSO, FL 00000

TITLE STD ☐ DELETE

NAME BASS, ELIZABETH G

STREET ADDRESS 6275 N MIRROR LK DR

CITY-ST-ZIP SEBASTIAN FL

TITLE VD ☐ DELETE

NAME LOCKWOOD, THOMAS W

STREET ADDRESS 7275 - 45TH STREET

CITY-ST-ZIP VERO BEACH, FL 00000

TITLE D ☐ DELETE

NAME GRAVES, J R

STREET ADDRESS 1915 34TH AVENUE

CITY-ST-ZIP VERO BEACH, FL 00000

TITLE VAS ☐ DELETE

NAME RANSON, CHARLES T.

STREET ADDRESS 3500 MARSHA LANE

CITY-ST-ZIP VERO BCH. FL

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

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 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

CHARLES T. RANSON

EXECUTIVE VICE PRESIDENT

APRIL 8 1999

561-589-4356