

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

FILED

**Apr 25 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 # 635265 (2)

1. Corporation Name
SEBRING RIDGE UTILITIES, INC.



| | |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Principal Place of Business 3625 VALERIE BLVD. P.O. BOX 488 SEBRING FL 33870 | Mailing Address 3625 VALERIE BLVD. P.O. BOX 488 SEBRING FL 33870-7814 |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 08/22/1979 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-1950519 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|---------------------|
| 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 | Zip |
| 24 | 29 |
| Country | Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

**ABLES, CLIFFORD M III
457 SOUTH COMMERCE AVENUE
SEBRING FL 33870**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------------|--------------------------------------------|
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | MILLER, ROGER E. | |
| STREET ADDRESS | 3625 VALERIE BLVD. | |
| CITY - ST - ZIP | SEBRING FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | JOHNSON, VALERIE E. M. | |
| STREET ADDRESS | 3625 VALERIE BOULEVARD | |
| CITY - ST - ZIP | SEBRING FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MILLER, CHRISTOPHER F. | |
| STREET ADDRESS | 3625 VALERIE BOULEVARD | |
| CITY - ST - ZIP | SEBRING FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** Change Addition

1.2 NAME **Vice President**

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE **Officer** Change Addition

3.2 NAME **President**

3.3 STREET ADDRESS **Treasurer**

3.4 CITY - ST - ZIP **Secretary**

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 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: *Christopher F. Miller* **APPROVED** 4-18-97 941 305-8542

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)