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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 64207(

(7)

PLANTATION UTILITY SERVICES, INC.						
Principal Place of Business Mailing Address				4 I DQII ID BARRA DIDAG RIBIJ DQIII AU		
900 ROCKLEY BLVD VENICE FL 34293		50 N LAURA STREE MC 099000-1 012 - Jacksonville FL 3 US	1830 1830	3. Date Incorporated or Qualified 10/16/1979	3a. Date of Last Report 05/01/1995	
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-1983855	Not Applicable	
Suite, Apt. #	I, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip 24	Country 25	Zφ	Country		ntangible to wholeven \$29 133 chade	
24	9. Name and Address of Curren	29 It Registered Agent	[30]	Florida Statutes Yes 10. Name and Address of New R		
	<u> </u>	The grant of the same	81 Name	°1 .1 - 44 .1	*	
HEAD, JAMES A 82 Street Addres				-homeshi, Mena	<u> </u>	
50 N LAURA-STREET			82 Street Add	50 N Lawa Street		
MC 099-000-1812			83 MC	2 099-000-1		
JACKS	SONVILLE FL 34293		84 City	acksonville	FL 85 Zp Code 2	
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-named corpo	ration submits this statement for the pur	pase of changing its registered office	
familiar witi	h, an incoept the obligations of Sec	on 607.0505, Florida Statutes	ed by the corporation's boa	rd of directors. I hereby accept the appo	ortiment as registered agent. I am	
SIGNATURE	141412/	. .	Vehdi Gho	meohi	4129196	
12.		and title it applicable. (NO DIDIRECTORS	TE: Registered Agent signature require 13.	id when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12	
7 TITLE	PD	DELETE.			Change Addition	
NAME	JARBOE, LLOYD ALLEN JR		1.2 NAME	DP hamachi Mah	4	
STREET ADDRESS	50 N LAURA ST MC 099-00		1.3 STREET ADDRESS	EN AL LOUM	Street_	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP	Tacksonville	2 FL 32202	
TITLE	SV	DELFTE	2. 1 TITLE		/ E Change ☐ Addition	
NAME	HEAD, JAMES A	,	2.2 NAME	Story Debo	ran /	
STREET ADDRESS	50 N LAURA ST		2.3 STREET ADDRESS	50 N. Laura	street	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY - ST - ZIP	- lack Sonville	2, FL 32202	
THILE	TVP	D ≰ DELETE	3 1 TITLE	DSV Kramer Wil	Change Addition	
NAME	BELTRAM, BILLIE A		3.2 NAME	Kramer will	on Park Or.	
STREET ADDRESS	800 ROCKLEY BLVD		3.3 STREET ADDRESS	1000 Centu	ing tack	
CITY-ST-ZIP	VENICE FL	F DO FIL	3.4 CITY - ST - ZIP	(ampa	FC 5	
TITLE	D ANDEDOON BIOK	⊠ DELETE	4 1 TITLE	DTV Akins Ko	Change Addition	
NAME CAREET ADDOCCO	ANDERSON, RICK 1000 CENTURY PARK DR 4	ATU ELOOD	4 2 NAME	1000 Centu	On Park Dr	
STREET ADDRESS CITY-ST-ZIP	TAMPA FL	tin floor	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Tampa I		
TITLE	D D	DELETE	5 1 TITLE	icompa f	☐ Change ☐ Addition	
NAME	ALLEN, REBECCA	* 2	5.2 NAME		_ ,	
STREET ADDRESS	240 S PINEAPPLE AVE		5 3 STREET ADDRESS	40000181 -05/09/96010	្តទូ០ត្រូ4	
DITY-ST-ZIP	SARASOTA FL	_	5 4 CITY-ST-ZIP	***200,00	631/23	
TITLE	D	DELETE	6 1 TITLE	**************************************	Clange Addition	
NAME	GIANNOLA, RICH	<i>r</i> -	6.2 NAME		/ 2 3014	
STREET ADDRESS	240 S PINEAPPLE		63 STREET ADDRESS	(11/2	
CITY - ST - ZIP	SARASOTA FL		6 4 CITY - ST - ZIP		J.	
certify that	the information indicated on this annu	ial report or supplemental anni	ual report is true and accura	for the exemption stated in Section 119. ate and that my signature shall have the	same legal effect as if made under	
oath; that I appears in	am an officer or director of the corpo Block 12 or Block 11 i changed, or o	ration or the receiver or truster on an astachment will an addr	e empowered to execute this ess.	is report as required by Chapter 607, Flo	rida Statutes; and that my name	

SIGNATURE:

TUNE AND THE DOR RIME AND AND A SIGNING OFFICER OR DIRECTOR

(904)-791-7770

Daytime Phone

CR2E034 (12/95)