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FILED

Jan 30 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 # 650582 (0)

1. Corporation Name  
ATLANTIC UTILITIES CORPORATION

Principal Place of Business

101 NW 202ND TERR  
PO BOX 69-J  
MIAMI FL 33169

Mailing Address

101 NW 202ND TERR  
PO BOX 69-J  
MIAMI FL 33169-2602

3. Date Incorporated or Qualified

01/09/1980

3a. Date of Last Report

01/30/1996

4. FEI Number

59-1969074

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MARTIN, J. PETER  
101 N.W. 202 TERRACE  
MIAMI FL 33169

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

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 ☐ DELETE

NAME  
AT LEVANDOSKI, JOAN A  
STREET ADDRESS  
101 NW 202 TERR  
CITY - ST - ZIP  
MIAMI, FL 00000

TITLE ☐ DELETE

NAME  
STD DEFRAIN, LOU J  
STREET ADDRESS  
101 N.W. 202 TERRACE  
CITY - ST - ZIP  
MIAMI, FL 0

TITLE ☐ DELETE

NAME  
AS KOPANKE, BETTY C.  
STREET ADDRESS  
101 N.W. 202 TERRACE  
CITY - ST - ZIP  
MIAMI, FL 0

TITLE ☐ DELETE

NAME  
VD KAHL, E. J.  
STREET ADDRESS  
101 NW 202 TERRACE  
CITY - ST - ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
PD MARTIN, J PETER  
STREET ADDRESS  
101 NW 202ND TERR  
CITY - ST - ZIP  
MIAMI, FL 00000

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 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:

*J. Peter Martin*

J. Peter Martin, Pres. 1/20/97 (305)652-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0230808

CR2E034 (9/96)