

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 843499 (5)

1. Corporation Name

SAILFISH POINT UTILITY CORPORATION



Principal Place of Business

6929 SE SOUTH MARINA WAY
STUART FL 33494
US

Mailing Address

1201 ELM STR
PO BOX 900
DALLAS TX 75270-2014
US

3. Date Incorporated or Qualified

06/18/1979

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

3225 GALLOWAY ROAD

4. FEI Number

75-1655883

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

22

27

STATE TAX DEPT

23

28

FAIRFAX VA

24

29

22037

25

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 PD
BROWN, D.
STREET ADDRESS 4440 PGA BLVD. #610
CITY-STATE-ZIP PALM BCH GARDENS FL

TITLE ☐ DELETE

NAME CD
GRECO, N.G.
STREET ADDRESS 11911 FREEDOM DRIVE
CITY-STATE-ZIP RESTON VA

TITLE ☒ DELETE

NAME AS
OLSON, C T
STREET ADDRESS 1201 ELM STR
CITY-STATE-ZIP DALLAS TX

TITLE ☐ DELETE

NAME V
HONIG, S.
STREET ADDRESS 4440 PGA BLVD., #601
CITY-STATE-ZIP PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME S
STEVENSON, P. A.
STREET ADDRESS 3225 GALLOWAY RD.
CITY-STATE-ZIP FAIRFAX VA

TITLE ☒ DELETE

NAME T
CASELLI, J.A.
STREET ADDRESS 3225 GALLOWAY RD.
CITY-STATE-ZIP FAIRFAX VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

G. G. GARNEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. SECRETARY

4/22/96 (703) 846-3900
Date Daytime Phone #

CR2E034 (12/95)