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95 APR 25 AM 10:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F02237 (8)
1. Corporation Name
CENTERLINE UTILITIES CONSTRUCTION CORPORATION

Principal Place of Business Mailing Address
**C/O KENT HUFFMAN, ESQ.
251 ROYAL PALM WAY, SUITE #211
PALM BCH, FL 33480** **C/O KENT HUFFMAN
222 LAKEVIEW AV
WEST PALM BCH FL 33401
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State
23 28
Zip Country Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
10/08/1980 **06/01/1994**

4. FEI Number Applied For
59-2037160 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**HUFFMAN, KENT
222 LAKEVIEW AV
STE 710
WEST PALM BCH FL 33401**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|---|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHESNEY, MARGUERITE | 1.2 NAME | |
| STREET ADDRESS | 11399 TORCHWOOD CT. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | W. PALM BCH. FL | 1.4 CITY - ST - ZIP | |
| TITLE | AS | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITE, CATHERINE | 2.2 NAME | |
| STREET ADDRESS | 351 N. JOG ROAD | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | W. PALM BCH. FL | 2.4 CITY - ST - ZIP | |
| TITLE | DPT | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAPPS, FRED MAXWELL | 3.2 NAME | |
| STREET ADDRESS | 5011 WHITEWOOD COVE N | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | LAKE WORTH, FL 00000 | 3.4 CITY - ST - ZIP | |
| TITLE | DVS | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHESNEY, FREDERICK H. | 4.2 NAME | |
| STREET ADDRESS | 11399 TORCHWOOD CT. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | W. PALM BCH. FL | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - 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 110.07(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:  **FRED M. CAPPS** 4/19/95 407/689-3917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Anytime Between 8