

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90059 036 \*\*\*150.00

DOCUMENT # F05434

1. Corporation Name  
SQUIRREL POINT UTILITIES CO., INC.

Principal Place of Business  
15737 ACORN CIR.  
TAVARES FL 32778

Mailing Address  
15737 ACORN CIR.  
TAVARES FL 32778



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1980

4. FEI Number

59-2254893

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHNEIDER, RICHARD H  
15821 ACORN CIR  
TAVARES FL 32778

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 DP ☐ DELETE  
NAME JELSON, RAMON  
STREET ADDRESS 15819 ACORN CIR  
CITY-ST-ZIP TAVARES FL 32778

TITLE DVP ☐ DELETE  
NAME CONNELL, ROD  
STREET ADDRESS 15901 ACORN CIR  
CITY-ST-ZIP TAVARES FL 32778

TITLE PD ☒ DELETE  
NAME RUTHERFORD, P K  
STREET ADDRESS 15825 ACORN CIR  
CITY-ST-ZIP TAVARES FL

TITLE DT ☐ DELETE  
NAME SCHNEIDER, RICHARD  
STREET ADDRESS 15821 ACORN CIR  
CITY-ST-ZIP TAVARES FL

TITLE S ☐ DELETE  
NAME FASBENDER, KATHY  
STREET ADDRESS 15811 ACORN CIR  
CITY-ST-ZIP TAVARES FL 32778

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

PD  
Douglas Cover  
15919 Acorn Circle  
Tavarez, FL 32778

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1999

Date

352-343-7680

Daytime Phone #

CR2E034 (11/98)