

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 10:05

DOCUMENT # F27826 (9)

1. Corporation Name

ARREDONDA UTILITY COMPANY, INC.

Principal Place of Business

5517 SW 69 TERR
GAINESVILLE FL 32608
US

Mailing Address

5517 SW 69 TERR
GAINESVILLE FL 32608
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1981

3a. Date of Last Report

01/31/1994

4. FEI Number

59-2946016

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

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MILLER, DAVID M
5517 SW 69 TERR
GAINESVILLE FL 32608

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 of corporation

(NOT) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HICKS, THOMAS P JR
STREET ADDRESS	5517 SW 69 TERR
CITY ST ZIP	GAINESVILLE FL
TITLE	VD
NAME	BRICE, CARLA J
STREET ADDRESS	5517 SW 69 TERR
CITY ST ZIP	GAINESVILLE FL
TITLE	STD
NAME	MILLER, DAVID M
STREET ADDRESS	5517 SW 69 TERR
CITY ST ZIP	GAINESVILLE FL
TITLE	D
NAME	BRICE, HAZEL M
STREET ADDRESS	5517 SW 69 TERR
CITY ST ZIP	GAINESVILLE FL
TITLE	D
NAME	HICKS, ALISON L
STREET ADDRESS	5517 SW 69 TERR
CITY ST ZIP	GAINESVILLE FL
TITLE	D
NAME	HICKS, STEPHANIE A
STREET ADDRESS	5517 SW 69 TERR
CITY ST ZIP	GAINESVILLE FL

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

DAVID M. MILLER

1-11-95 (904) 372-7736
Date Signature