SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F53137** **(8)**

1. Corporation Name
LAKE SUZY UTILITY, INC.

Principal Place of Business	Mailing Address
12408 SW SHERI ST. LAKE SUZY ARCADIA FL 33821-9239 US	12408 SW SHERI ST. LAKE SUZY ARCADIA FL 33821-9239 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/09/1981
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business
21 12408 SW Sheri Street
Suite, Apt. #, etc. 22
City & State 23 Lake Suzy, Florida
Zip 24 33821-9239 Country 25 US

2a. Mailing Address
26 12408 SW Sheri Street
Suite, Apt. #, etc. 27
City & State 28 Lake Suzy, Florida
Zip 29 33821-9239 Country 30 US

4. FEI Number: 59-2828546 ☐ 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

9. Name and Address of Current Registered Agent

SHEPARD, DALLAS A
12408 SW SHERI ST
LAKE SUZY FL 33821

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	SHEPARD, DALLAS A.	1.2 NAME	Dallas A. Shepard
STREET ADDRESS	910 KINGS HIGHWAY	1.3 STREET ADDRESS	12408 SW Sheri Street
CITY-ST-ZIP	LAKE SUZY FL	1.4 CITY-ST-ZIP	Lake Suzy, Florida 33821-9239
TITLE	ST	2.1 TITLE	ST ☒ Change ☐ Addition
NAME	MUIR, SHERI S.	2.2 NAME	Shelly L. Shepard
STREET ADDRESS	910 KINGS HIGHWAY	2.3 STREET ADDRESS	12408 SW Sheri Street
CITY-ST-ZIP	LAKE SUZY FL	2.4 CITY-ST-ZIP	Lake Suzy, Florida 33821-9239
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E084 (3/95)

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)(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: Dallas Shepard, Pres 8/7/95 941-629-2439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01B001B FP