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FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90057 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F69772

1. Corporation Name
PLACID UTILITIES COMPANY



Principal Place of Business 149-C S. RIDGEWOOD AVENUE P O BOX 10809 DAYTONA BCH. FL 32120-0809 US	Mailing Address 149-C S. RIDGEWOOD AVENUE P O BOX 10809 DAYTONA BCH. FL 32120-0809 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/04/1982	4. FEI Number 59-2185464	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CRISP, LINDA
149-C SOUTH RIDGEWOOD AVE
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	CRISP, LINDA
STREET ADDRESS	149-C S. RIDGEWOOD AVE.
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	TEETERS, BRUCE W
STREET ADDRESS	10 BROADRIVER ROAD
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	LAGONI, PATRICIA A
STREET ADDRESS	131 MUIRFIELD DRIVE
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	APGAR, ROBERT F
STREET ADDRESS	149-C S. RIDGEWOOD AVENUE
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MOOTHART, GARY
STREET ADDRESS	149-C S. RIDGEWOOD AVE
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Linda Crisp **SIGNATURE REQUIRED** Linda Crisp, Secretary 4/1/99 904-255-7558
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPDEN34 (4/1/98)