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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F74133 (2)

1. Corporation Name
NORM SCHOCH UTILITY OPERATIONS, INC.

Principal Place of Business
P. O. BOX 1627 N/A
P.O. BOX 1627
JENSEN BCH. FL 34948
US

Mailing Address
POST OFFICE BOX 1627
JENSEN BEACH FL 34958-1627
US



3. Date Incorporated or Qualified 03/25/1982
3a. Date of Last Report 05/09/1996

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

4. FEI Number 59-2393351
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

10. Name and Address of New Registered Agent

SCHOCH, JUDY W.
931 SUNSET DR APT 1
STUART FL 34994
3956 SW Honey Terrace
Palm City, FL 34990

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Richard Norman Schoch
NAME	SCHOCH, RICHARD NORMAN	1.2 NAME	3956 SW Honey Terrace
STREET ADDRESS	931 SUNSET DR APT 1	1.3 STREET ADDRESS	Palm City, Fla. 34990
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	Schoch, Judy W.
NAME	SCHOCH, JUDY W.	2.2 NAME	3956 SW Honey Terrace
STREET ADDRESS	931 SUNSET DR. APT 1	2.3 STREET ADDRESS	Palm City, Fla. 34990
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 in an attachment with an address.

SIGNATURE: Judy W. Schoch 1-9-97 561-283-7983

CR2E034 (9/96)