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

APPROVED AND FILED

'95 MAR -2 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F80843** **(8)**

1. Corporation Name

GULF UTILITY COMPANY

Principal Place of Business	Mailing Address
18513 BARTOW BLVD. FT. MYERS FL 33912	18513 BARTOW BLVD. FT. MYERS FL 33912

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/11/1982	3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2189157	☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY, P.A.
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER STREET
JACKSONVILLE FL 32202

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	PD	1.1 TITLE	Assistant Secretary ☐ Change ☐ Addition
NAME	MOORE, JAMES	1.2 NAME	Kathy Babcock
STREET ADDRESS	RT 38 18513 BARTOW BLVD	1.3 STREET ADDRESS	18513 Bartow Blvd.
CITY-ST-ZIP	FT MYERS, FL 00000	1.4 CITY-ST-ZIP	Ft. Myers, FL 33912
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	MANN, NANCY J.	2.2 NAME	
STREET ADDRESS	111 RIVERSIDE AVE., SUITE 140	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	NEWTON, RUSSELL B JR	3.2 NAME	
STREET ADDRESS	111 RIVERSIDE AVE., SUITE 140	3.3. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	MANN, W. RANDALL	4.2 NAME	
STREET ADDRESS	111 RIVERSIDE AVE., SUITE 140	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	NEWTON, RUSSELL B III	5.2 NAME	
STREET ADDRESS	111 RIVERSIDE AVE., SUITE 140	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	Assistant Secretary	6.1 TITLE	☐ Change ☐ Addition
NAME	Carolyn B. Andrews	6.2 NAME	
STREET ADDRESS	18513 Bartow Blvd.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33912	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)(k), 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: James W. Moore James W. Moore 2/24/95 813/267-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0322383 CP