

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F80843** (8)

1. Corporation Name  
**GULF UTILITY COMPANY**



Principal Place of Business

**18513 BARTOW BLVD.  
FT. MYERS FL 33912**

Mailing Address

**18513 BARTOW BLVD.  
FT. MYERS FL 33912**

3. Date Incorporated or Qualified

**05/11/1982**

3a. Date of Last Report

**03/02/1995**

2. Principal Place of Business

2a. Mailing Address

21 **19910 S Tamiami Tr.**

26 **P.O. Box 350**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-2189157**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fees Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

22 City & State

27 City & State

23 **Estero FL**

28 **Estero, FL**

24 Zip **33928**

Country **Lee**

29 Zip **33928**

Country **Lee**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

NAME **PD  
MOORE, JAMES  
RT 38 18513 BARTOW BLVD  
FT MYERS, FL 00000**

TITLE ☐ DELETE

NAME **S  
MANN, NANCY J.  
111 RIVERSIDE AVE., SUITE 140  
JACKSONVILLE, FL 00000**

TITLE ☐ DELETE

NAME **D  
NEWTON, RUSSELL B JR  
111 RIVERSIDE AVE., SUITE 140  
JACKSONVILLE, FL 00000**

TITLE ☐ DELETE

NAME **VD  
MANN, W. RANDALL  
111 RIVERSIDE AVE., SUITE 140  
JACKSONVILLE, FL 00000**

TITLE ☐ DELETE

NAME **VD  
NEWTON, RUSSELL B III  
111 RIVERSIDE AVE., SUITE 140  
JACKSONVILLE, FL 00000**

TITLE ☐ DELETE

NAME **AS  
ANDREWS, CAROLYN B  
18513 BARTOW BLVD  
FT. MYERS FL**

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)(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: *Carolyn B Andrews*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/96 941 498-1000**

Date

Daytime Phone #

CR2E034 (12/95)