

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 03 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 # F80843

(8)

1. Corporation Name:
GULF UTILITY COMPANY

Principal Place of Business

19910 S TAMiami TR
ESTERO FL 33928
US

Mailing Address

P O BOX 350
ESTERO FL 33928-0350
US



3. Date Incorporated or Qualified

05/11/1982

3a. Date of Last Report

01/29/1996

4. FEI Number

59-2189157

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

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

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOORE, JAMES	
STREET ADDRESS	RT 38 18513 BARTOW BLVD	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MANN, NANCY J.	
STREET ADDRESS	111 RIVERSIDE AVE., SUITE 140	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWTON, RUSSELL B JR	
STREET ADDRESS	111 RIVERSIDE AVE., SUITE 140	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MANN, W. RANDALL	
STREET ADDRESS	111 RIVERSIDE AVE., SUITE 140	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEWTON, RUSSELL B III	
STREET ADDRESS	111 RIVERSIDE AVE., SUITE 140	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ANDREWS, CAROLYN B	
STREET ADDRESS	18513 BARTOW BLVD	
CITY-ST-ZIP	FT. MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Babcock, Kathleen	
1.3 STREET ADDRESS	19910 South Tamiami Trail	
1.4 CITY-ST-ZIP	ESTERO, FL 33928	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Newton, William T. M.	
2.3 STREET ADDRESS	111 Riverside Ave., Suite 140	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
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	V/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mann, W. Randall	
4.3 STREET ADDRESS	111 Riverside Ave., Suite 140	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
5.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Newton, Russell B. III	
5.3 STREET ADDRESS	111 Riverside Ave., Suite 140	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
6.1 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Andrews, Carolyn B	
6.3 STREET ADDRESS	19910 South Tamiami Trail	
6.4 CITY-ST-ZIP	ESTERO, FL 33928	

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97

941-498-1000

CR2E034 (9/96)