# F9500005316

Hesser, Caparello, Ma Requestor's Name P. O. Box 1876 Address Tallahassee, FL 323	02 904/222-0720 (LORI	800001620118 -10/25/9501046016 ****122.50 ****122.50
City State Zip  CORPORA	Phone TION(S) NAME	800001520118 -10/25/9501046017 ******8.75 ******8.75
Utility Beplacer	ment Company, Inc.	SECRETAL PROPERTY OF THE PROPE
X) Profit () NonProfit	() Amendment	FILED SINE COMPANY OF SINE COM
⊀ Foreign	() Dissolution/Withdrawa	
( ) Limited Partnership ( ) Reinstatement	() Annual Report () Reservation	() Other () Change of R.A.
A-Certified Copy	() Photo Copies	CUS
() Call When Ready (4-Walk In () Mail Out	( ) Call if Problem ( ) Will Wait	( ) After 4:30 ( ) Pick Up
Name Availability  Document Examiner  Updater  Verifler  Acknowledgment  W.P. Verifler  CR2E031 (1-89)	Please also proceeds Cortyccak Otana Pichy 91.00 10-26-95	·

## TRANSMITTAL LETTER

•	ification/Tax Lien Section ion of Corporations		
SUBJECT:	UTILITY REPLACEMENT COMPA (Name of corporation	NY, INC must include suffix)	
Dear Sir or l	Madam:		
The enclosed Florida", "Co foreign corp	I "Application by Foreign Corporation refine to the charge of Existence", and check are contained to transact business in Floridation to transact business in Floridation.	n for Authorization to T e submitted to register ti	Fransact Business in ne above referenced
Please return	all correspondence concerning this r	matter to the following:	، ت
	Tiomthy J. Warfel		\$ECRETAR \$VISION 25 95 OCT 25
	(Name of	Person)	1 2:
	Messer, Caparello, Madsen, G	oldman & Metz, PA	THE STATE OF THE COLUMN THE COLUM
	(Firm/Co	mpany)	
	Post Office Box 1876		3: <b>56</b>
	(Addi	ress)	·5 V
	Tallahassee, FL 32302-1876 (City/Sta	te/Zip)	<del></del>
Should you r	eed to call someone concerning this	matter, please call:	
Timothy J	. Warfel	at ( 904	) 222-0720
	(Name of Person)		aytime Telephone Number)
COURIER A	ADDRESS:	MAILING ADDRE	ess:
Qualification Division of C 409 E. Gaine	Tax Lien Sec. orporations s St	Qualification/Tax Lie Division of Corporati P. O. Box 6327	

Tallahassee, FL 32314

Tallahassee, FL 32399

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	UTI	LITY REPLACEMENT COMPANY, INC.				
	(Name of corp abbreviations o person or parti	oration: must include the word "INCORPOR f like import in language as will clearly indic tership if not so contained in the name at pres	ATED", "Co ate that it is sent.)	OMPANY", "CORPORATION a corporation instead of a natur	or words o	r
2.	GEOF	RGIA	3	58-2124112		
(	State or country	under the law of which it is incorporated)	J	(FEI number, if application	ible)	
4.	SEP1	TEMBER 26, 1994	5.	PERPETUAL		
	(Date	of Incorporation)	(Duration	: Year corp. will cease to exist	or "perpetua	I")
6.	(Data Steel	Upon Qualification ransacted business in Florida. (See sections	- 204 1801	707 1708 917 VS5 P.O.V		
	(Date IRR)	ransapted dustries in Piorica. (See Section:	8 007.1301,	607.1302, AND 817.133, P.S.)	95	: OT
7	106	HIDDEN LAKES DRIVE			) OCT	356
7.	106	HIDDEN LAKES DRIVE		<del></del>		
					25	17.
	CARE	ROLLTON, GEORGIA 30116				
		(Current mailin	ig address)			Ü
_	_	_			မှ <b>5</b>	- 12
	<u> </u>	TAACTOR - CONSTRUCT	7/02	<del></del>	5	<u> 75</u> n
ì	(rurpose(s) of co Florida)	orporation authorized in home state or countr	y to be carri	ed out in the state of		ાં
9.	Name and s acceptable)	treet address of Florida registered	agent: (I	P.O. Box or Mail Drop Bo	ox <u>NOT</u>	
	Name:	Timothy J. Warfel				
Of	fice Address:	215 South Monroe Street, Ste	. 701			
		Tallahassee	Fla	32301		
10.	Registered	agent's acceptance:	,	(Zip Code)		
reg all	poration at ti istered agent statutes relat	med as registered agent and to accepte place designated in this application and agree to act in this capacity. If ive to the proper and complete perforbligations of my position as register the many many many many many many many many	on, I hered further ag Frmance of red agent.	by accept the appointmen gree to comply with the pi f my duties, and I am fam	of are	of.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O . Box NOT acceptable)

Chairman: _	Carolyn B. Musgrove		
Address:	106 Hidden Lakes Dr. Carrollton, GA 30116		
Vice Chairm	oan:		
Address:			<del>-</del>
Director:	Laura H. Garland		_
Address:	185 Fairlawn Dr., Carrollton, GA 30117		
 Director:		9	
Address:		001 2	
B. OFFICE	CRS (Street address only- P. O. Box NOT acceptable)	2 <del>5</del> PH	- YOY
President:	Carolyn B. Musgrove	ယ္ပ	
	106 Hidden Lakes Dr., Carrollton, GA 30116	96	Lions TE
— Vice Presider	nt:		
Secretary:	Laura H. Garland		
	185 Fairlawn Dr.		
	Carrollton, GA 30117		
_	Carolyn B. Musgrove		_
	106 Hidden Lakes Dr., Carrollton. GA 30116		_
NOTE: If no officers and/o	ecessary, you may attach an addendum to the application listing addition or directors.	nal	
13.× (Signature)	meture of Chairman, Vice Chairman, or any officer listed in number 12 of the application	n)	
14. <u>Carol</u>	yn B. Musgrove - President/Chairman (Typed or printed name and capacity of person signing application)		

Secretary of State Corporations Division Suite 315, West Tower 2 Martin Luther King, Ir. Br. Atlanta, Georgia 30334-1530

DOCKET NUMBER : 952340659
CONTROL NUMBER : 9426067
DATE INC/AUTH/FILED: 09/26/1994
JURISDICTION : GEORGIA
PRINT DATE : 08/22/1995
FORM NUMBER : 0211

TOM GARLAND 185 FAIRLAWN DRIVE CARROLLTON, GA 30117

#### CERTIFICATE OF EXISTENCE

I, MAX CLELAND, Secretary of State of the State of Georgic hereby certify under the seal of my office that

### UTILITY REPLACEMENT COMPANY, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized too transact business in Georgia on the above date. Said entity is incompliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



MAX CLELAND SECRETARY OF STATE