

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 11, 1999 8:00 am  
Secretary of State  
08-11-1999 90016 001 \*\*\*550.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000005216

1. Corporation Name  
UTILITY REPLACEMENT COMPANY, INC.

Principal Place of Business  
105 SOMERSET PLACE  
SUITE F  
CARROLLTON GA 30116  
US

Mailing Address  
PO BOX 915  
CARROLLTON GA 30117  
US

Moved

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/25/1995

2. Principal Place of Business  
21 106 Hidden Lakes Dr.  
Suite, Apt. #, etc.  
22  
City & State  
23 Carrollton, GA  
Zip  
24 30116  
Country  
25 US

2a. Mailing Address  
26 P.O. Box 915  
Suite, Apt. #, etc.  
27  
City & State  
28 Carrollton, GA  
Zip  
29 30117  
Country  
30 US

4. FEI Number  
58-2124112  
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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
WARFEL, TIMOTHY J  
215 SOUTH MONROE STREET, STE 701  
TALLAHASSEE FL 32301

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PCTD	<input type="checkbox"/> DELETE
NAME	MUSGROVE, CAROLYN B	
STREET ADDRESS	106 HIDDEN LAKES DR.	
CITY-ST-ZIP	CARROLLTON GA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARLAND, LAURA H	
STREET ADDRESS	106 HIDDEN LAKES DR.	
CITY-ST-ZIP	CARROLLTON GA	
TITLE	VICE PRES	<input type="checkbox"/> DELETE
NAME	THOMAS K. GARLAND	
STREET ADDRESS	185 FAIRLAWN DRIVE	
CITY-ST-ZIP	CARROLLTON, GA 30117	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Laura H. Garland **REQUIRE SIGNATURE** LAURA H. GARLAND 770-832-9181

CR2E034 (5/99)