## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Aug 13 1997 8:00am

Secretary of State

Change

☐ Change

Change

8000002267938

-08/15/97--01004--025

Addition

\_\_\_ Addition

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9600005997 (9)

## **ENVISION UTILITY SOFTWARE CORPORATION**

PROORESS PLAZA #2110   ST PETERSBURG FL 33701   DO NOT WRITE IN THIS SPACE   3. Date Incorporated or Qualified   3e. Date of Last Report   11/15/1996   3e. Date Incorporated or Qualified   3e. Date of Last Report   11/15/1996   Sulle. Apt. #, etc.	Principal Place of Business		Mailing Address			e immeram irin amein meine meint datte amete dullt Anifer miten fulle butte imm!					
3. Date Incorporated or Qualified 11/15/1996   3. Date of Last Report 11/15/1996   12/15/1996   3. Date of Last Report 11/15/1996   3. Date of Last Report 11/15/15/1996   3. Date of Last Report 11/15/15/15/1996   3. Date of Last Report 11/15/15/15/15/15/15/15/15/15/15/15/15/1							DO NOT WRITE IN THIS SPACE				
Principal Place of Business   28. Mailing Address   4. FET Number   Applied For										eport	
Principal Place of Business   28. Mailing Address   4. FET Number   Applied For							11/15/1996				
Suite. Apt. #f. etc.    Suite. Apt. #f. etc.	2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For	
22    27    27    5. Certificate of Status Desired   Fee Required   Fee Required   City & State   City & State   City & State   City & State									<u></u>		
Trust Fund Contribution   Added to Fees		#, etc.				5. Certificate of Status Desired					
Zip Country Zip Country Zip Country B. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes No S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be					
25 29 30 Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  KELLY, PETER J 501 E KENNEDY BLVD #1400 TAMPA FL 33602  83  64 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 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, and accept the obligations of, Socion 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or protect rune of registered agent and effect lappacetate  (NOTE: Registered Agent signature required when releasance)  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DCP  NAME  BURNETT, W.W.  STRET ADDRESS  601Y-S1-ZIP  WIMBERLY TX 78676  14. City-S1-ZiP  WIMBERLY TX 78676  14. City-S1-ZiP  TITLE  DC Change  Addition	23						Trust Fund Contribution		Added t	o Fees	
## Street Address of New Registered Agent    KELLY, PETER J   501 E KENNEDY BLVD #1400   7AMPA FL 33602   82   Street Address (P.O. Box Number is Not Acceptable)    TAMPA FL 33602   83   84   City   FL   85   Zip Code	<u> </u>	Country			ntry		•				
KELLY, PETER J 501 E KENNEDY BLVD #1400 TAMPA FL 33602  B1 Name  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 B4 City FL B5 Zip Code  T1. 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 agent, a materialized with, and accept the obligations of, Soction 607.0505, Florida Statutes  SIGNATURE  Signature, typed or pricted runs 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  DCP DELETE  1.1 TITLE  DCP DRIEST ADDRESS CITY-ST-ZIP WIMBERLY TX 78676  1.4 CITY-ST-ZIP  TITLE  DC Change Addition	24										
TAMPA FL 33602  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City	9. Name and Address of Current Registered Agent						10. Name and Address of New Rec	istered	Agent		
TAMPA FL 33602  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: Signature: lyped or protect rune of registered agent and tilke it applicable:  NAME  SIRLET ADDRESS  SAB BURNETT, W.W.  STREET ADDRESS  CITY-ST-ZIP  WIMBERLY TX 78676  DELETE  DELETE  JELETE  JE						Name					
TAMPA FL 33602  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 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 rusine of registered agent and tilled applicable (NOTE Registered Agent signature required when reinstaling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DCP  SIGNATURE  SIGN	501 E KENNEDY BLVD #1400				82	Street Add	ress (P.O. Box Number is Not Acceptab	e)		·	
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Signature, typed or profiled rune 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 DCP DELETE 1.1 TITLE  NAME BURNETT, W.W.  STREET ADDRESS  688 BURNETT RANCH RD  1.3 STREET ADDRESS  CITY-ST-ZIP WIMBERLY TX 78676  1.4 CITY-ST-ZIP  TITLE DC Change Addition	office or n	egistered agent, or both, in the Stat	le of Florida. Such change was	authorized	l by	the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of	changing its	s registered registered	
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DCP DELETE 1.1 TITLE	SIGNATURE				<b></b>						
TITLE         DCP         DELETE         1.1 TITLE         Change         Addition           NAME         BURNETT, W.W.         1.2 NAME         1.2 NAME         1.3 STREET ADDRESS         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         WIMBERLY TX 78676         1.4 CITY-ST-ZIP         1.4 CITY-ST-ZIP         Change         Addition           TITLE         DC         DELFTE         2.1 TILLE         Change         Addition	40		·		Agen	it signature requi			DIRECTOR	C IN 10	
NAME   BURNETT, W.W.   1.2 NAME     1.3 STREET ADDRESS   888 BURNETT RANCH RD   1.3 STREET ADDRESS     1.4 CITY-ST-ZIP   WIMBERLY TX 78676     1.4 CITY-ST-ZIP     1.7 Change   Addition   Addition   1.5 Change   Addition   1.5 Change   Addition   1.5 Change   1.5							ADDITIONS/CHANGES TO OFFIC	ENS AINL			
STREET ADDRESS         888 BURNETT RANCH RD         1.3 STREET ADDRESS           CITY-ST-ZIP         WIMBERLY TX 78676         1.4 CITY-ST-ZIP           TITLE         DC         DELFTE         2.1 TITLE         Change         Addition			- Otter						Onlingo	L. Houston	
CITY-ST-ZIP         WIMBERLY TX 78676         1.4 CITY-ST-ZIP           TITLE         DC         DELFTE         2.1 TILE         Change         Addition	/										
TITLE DC DELFTE 2.1 TILE		1 · · · · · · · · · · · · · · · · ·									
			DELETE			· /IP			Change	Addition	
	NAME	110001101111111111111111111111111111111							- onungo	L.J Modition	
		AAA BURDA AAF		•	2 NAME 23 STREET ADDRESS						
		ALALINADARE LUL AAAAD									
CITY-SI-ZIP   CLOUDCROFT NM 88317   2 4 CITY-SI-ZIP									Channe	Addition	
NAME DALTON, MALCOLM P			_ M						onlying		

CITY-S1-ZIP

###550.00

14. I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or fustee 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-S1-ZIP

4.4 CITY - ST - ZIP

3.4. CITY - S1 - ZIP

4.1 TITLE

4. 2 NAME

5.1 TOLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

DELETE

NOVETUDE: KANDESINDENDE DE COLORES

NAVAJO TRIBAL UTILITY AUTHORITY, HWY 12

FT DEFINANCE AZ 86504

JOHNSON CITY TX 78636

FUELBERG, BENNIE

200 AVE F

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DT

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME