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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address	
8331 HOYLE AVENUE	8331 HOYLE AVENUE	

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90031 018 ***158.75

1. Corporation	TILITIES-SOUTHWEST, IN						
		-					
8331 HOYLE AV		8331 HOYLE AVENUE DALLAS TX 75227					
DACENO IX 736	527	UNEDIO IN TOLET			DO NOT WRIT	TE IN THIS SPACE	E
					3. Date Incorporated or Qualifed		
					07/11/1997		
2. Frincipal P	lace of Business	2a. Mailing Address			4. FEI Number	-	Applied For
21		26			75-2680989		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	* · · · ·	. 75 Additional ee Required
22		27					
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
23 Zip	Country	28 Zip	Country		This corporation owes the current		
24	[25]	⊢ ⊸ '	30		Personal Property Tax.	sit year intanglok: ✓ Ye:	
24	9. Name and Address of Curi		301	1	0. Name and Address of New R		
	o. Halife and Address of Carl	em regiotered rigen	81 Nar			<u> </u>	
	CORPORATION SYSTEM				(C O D)		
1200	SOUTH PINE ISLAND ROAD		82 Stre	eet Address	(P O. Box Number is Not Accepta	be)	
PLAN	NTATION FL 33324		83				
			84 C ty	'		FL 85	Zip Code
agent. I a SIGNATURE	to the provisions of sections of the Start and familiar with, and accept the oblination of the start and sections of the s	gations of, Section 607.0505, Flor	ida Statutes. Registered Agent sigr at			DATE	
12.	OFFICERS	AND DIRECTORS	13.		DDITIONS/CHANGES TO OF		
TITLE	PD	☐ DE _ETE	11 TITLE			□ Ch	ange
NAME	IRWIN, LORIE W		12 NAME				
STREI.T ADDRESS	8331 HOYLE AVENUE		1.3 STREET ADD RE	SS			
CITY- IT-ZIP	DALLAS TX		14 CITY-ST-ZIP				
TITLE	ST	☐ DELETE	2.1 TITLE			Ci	ange
NAME	IRWIN, GORDON R		22 NAME				
STRELT ADDRESS			2.3 STREET ADD RE	SS			
CITY- 3T-ZIP	DALLAS TX	☐ DE LETE	2. 4 CITY-ST-ZIF 3.1 TITLE				ange
TITLE		C OF TELE	3.1 HILE				
NAME : STREET ADDRESS			3.3 STREET ADD RE	22			
			3.4. CITY-ST-ZIF	.33			
CITY-3T-ZIP TITLE		☐ DE_ETE	41 TITLE				ange Addition
NAME		_	4. 2 NAME			_	_
STREET ADDRESS			4.3 STREET ADD RE	SS			
CITY-ST-ZIP			4.4 CiTY-ST-ZiP				
TITLE		☐ DE_ETE	5.1 TITLE			Ch	ange Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADD RE	SS			
CITY- ST-ZIP			54 CITY-ST-ZIP				
TITLE		☐ DE LETE	6.1 TITLE			□ CI	ange
NAME			62 NAME				
STREET ADDRESS			6.3 STREET ADD RE	ss			
CITY- 3T-ZIP			64 CITY-ST-ZIP				
14. I hereby o	certify that the information supplied	with this filing does not qualify for	the exemption sta	ited in Secti	on 119.07(3)(i), Florida Statutes. I	further certify that	the information

nual report is true and accurate and that my signature shall have the same legal effect as if nuade under oath that I am an or trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered. indicated on this annual report of supplemental an officer or director of the corporation or the receive Block 12 or Block 13 if changed, or on an attachm

SIGNATURE:

Daytime Pt one #