Amended

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

FILED
99 MAY 17 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G20834

1. Corporation Name
PINE RUN UTILITIES, INC.

Principal Place of Business	Mailing Address
8865 S W 104 TH LANE OCALA FL 34481 US	8865 S W 104 TH LANE OCALA FL 34481 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1983

2. Principal Place of Business	2a. Mailing Address
21 11637 SW 90th Terrace	26 11637 SW 90th Terrace
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: OCALA, FL	28 City & State: OCALA FL
24 Zip: 34481 25 Country: US	29 Zip: 34481 30 Country: US

4. FEI Number: 59-2297743 ☐ 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 Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GHUMMAN, KULBIR
8865 SW 104TH LANE
OCALA FL 32676

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11637 SW 90th Terrace
83
84 City: OCALA FL 85 Zip Code: 34481

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 _____ DATE
Signature, typed or printed name 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GHUMMAN KULBIR		1.2 NAME		
STREET ADDRESS	8865 S W 104 TH LANE		1.3 STREET ADDRESS	11637 SW 90th Terrace	
CITY-ST-ZIP	OCALA, FL 00000		1.4 CITY-ST-ZIP	OCALA, FL 34481	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BELL, JAMES A		2.2 NAME		
STREET ADDRESS	8865 SW 104TH LANE		2.3 STREET ADDRESS	11637 SW 90th Terrace	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	OCALA, FL 34481	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	P00000250416557--3	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	-06/15/99--01031--012	
TITLE		☐ DELETE	4.1 TITLE	******61.25	☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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, with all other like empowered.

SIGNATURE SIGNATURE REQUIRED 3-12-99 (352) 854-6210