SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G24443** **(5)**

1. Corporation Name
BOCILLA UTILITIES, INC.

Principal Place of Business	Mailing Address
7050 PLACIDA ROAD ENGLEWOOD FL 34224-5756	7050 PLACIDA ROAD ENGLEWOOD FL 34224-5756

3. Date Incorporated or Qualified: 02/17/1983
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business
21 7025-A Placida Rd
Suite, Apt. #, etc.
22
City & State
23 Englewood, FL
Zip 24 34224 Country 25 Charlotte

2a. Mailing Address
26 7025-A Placida Rd
Suite, Apt. #, etc.
27
City & State
28 Englewood, FL
Zip 29 34224 Country 30 Charlotte

4. FEI Number: 59-2680006 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NODEN, R. CRAIG
7050 PLACIDA ROAD
ENGLEWOOD FL 34224-5756

10. Name and Address of New Registered Agent

81 Name: R. Craig Noden
82 Street Address (P.O. Box Number is Not Acceptable): 7025-A Placida Rd
83
84 City: Englewood FL 85 Zip Code: 34224

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	11 TITLE	PTD	☐ Change ☐ Addition
NAME	NODEN, R. CRAIG		12 NAME	R. Craig Noden	
STREET ADDRESS	7050 PLACIDA ROAD		13 STREET ADDRESS	7025-A Placida Rd	
CITY-ST-ZIP	ENGLEWOOD FL		14 CITY-ST-ZIP	Englewood, FL 34224	
TITLE	S	☐ DELETE	21 TITLE	S	☐ Change ☐ Addition
NAME	MERRY, ANNE		22 NAME	Anne Merry	
STREET ADDRESS	7050 PLACIDA ROAD		23 STREET ADDRESS	7025-A Placida Rd	
CITY-ST-ZIP	ENGLEWOOD FL		24 CITY-ST-ZIP	Englewood, FL 34224	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 07-31-96 941-697-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
R. Craig Noden, President