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

Mailing Address
P. O. BOX 1747

JENSEN BCH FL 34958-8747

PROFIT CCRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State
DIVISION OF CORPORATIONS

1999

Principal Place of Business

JENSEN BCH FL 34958-8747

P. O. BOX 1747

DOCUMENT # G68561

1. Corporat on Name

HUTCHINSON UTILITIES SERVICE CORP.

4. FEI Nu nbei 2a. Mailing Address Appied For 2. Principal Place of Business 59-2603220 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & S ate 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes the current year Intangible Zip Country []No Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Add ess of Current Registered Agent 81 Name MALLEY, CLAUDE 82 Street Acdress (P.O. Box Number is Not Acceptable) 345 N.E. ELM TERRACE JENSEN BEACH FL 34957 83 85 Zip Code 84 City 11. Pursuant to the provisions of Scictions 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, typed or printed name of registered agent and title if applicable (NOT E: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE MALLEY, CLAUDE 12 NAME NAME 345 NE ELM TERRACE 1,3 STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE MALLEY, ANNETTE 2.2 NAME NAME 345 NE ELM TERRACE 2.3 STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 31 TITLE TITLE MCFALL, JOHN P. 3.2 NAME NAME 737 SE LANSDOWNE AVE 3.3 STREET ADDRESS STREET ADDRESS PT ST LUCIE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change C) DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 51 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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 supplimental annual report is true and accurate and that my signa ure 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

ess, with all other like empowered

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

Block 12 or Block 13 if change i, or o

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

A LIRE AND TYPED OR PRINTED HARE OF SHOUNG OF FULL OR DIRECTOR

DELETE

1-22-58 (St.) 25.8.26.84

FILED

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90061 026 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

11/09/1983

CR2E034 (11/98)

Addition