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

CITY-ST-ZIP

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FILED Jan 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G72175 MORNINGSIDE UTILITY, INC. Principal Place of Business Mailing Address -1472-REGAL COURT 4470-DEGAL-COHR MORNINGSIDE UTILITY FIC. DO NOT WRITE IN THIS SPACE 1106 MONROE AVE. 3. Date Incorporated or Qualified ST. CLOUD, FL. 34769 (407) 891-8383 ing Address 12/02/1983 2. Principal Place of Business 4. FEI Number Applied For 59-2349867 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zin Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due Jurie 30. ☐ Yes ΠNo 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DEVILLERS, GEORGE 1472 REGAL CT. B2 Street Address (P.O. Box Number is Not Acceptable) GEORGE DEVILLERS KISSIMMEE FL 84744 1106 MONROE AVE. 83 St. CLOUD, FL. 34769 407.891.1383 84 City 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, typed or printed name of registered agent and title if applicable (NO1) Registured Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE 1.1 TITLE Change Addition TITLE DEVILLERS, GEORGE NAME 1.2 NAME 1106 HONROR QUE 1472 REGAL COURT STREET ADDRESS 1.3 STREET ADDRESS ST CLOHOFL 34769 KIGSIMMEE, FL 00000 1.4 CHY-S1-ZIP CITY - ST - ZIF DELETE 2.1 TITLE Change Addition TITLE PORTMANN, PATRICIA NAME 2.2 NAME 1472 REGAL OT. STREET ADDRESS 2.3 STREET ADDRESS <del>-Kiggimmee-P</del>l CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CHTY - \$1 - ZIP DELETE Addition TITLE 4.1 THILE \_\_\_ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 511HUF 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELFTE Change Addition TITLE 6.1 TITL€ NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 arrural 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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