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Mar 14, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G72175

1. Corporation Name

MORNINGSIDE UTILITY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

MORNINGSIDE UTILITY INC
1106 MONROE AVE
ST CLOUD FL 34769
US

Mailing Address

MORNINGSIDE UTILITY INC
1106 MONROE AVE
ST CLOUD FL 34769
US

2. Principal Place of Business

21 **4144 OAKWOOD DR.**

2a. Mailing Address

26 **4144 OAKWOOD DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **ST CLOUD, FL.**

City & State

28 **ST CLOUD FL**

Zip

Country

24 **34772**

25 **OSCEOLA**

Zip

Country

29 **34772**

30 **OSCEOLA**

9. Name and Address of Current Registered Agent

DEVILLERS, GEORGE
1106 MONROE AVE
ST CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name

GARY K TURNER

82 Street Address (P.O. Box Number is Not Acceptable)

4144 OAKWOOD DR

83

84 City

ST CLOUD

FL

85 Zip Code

34772

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]

(NOTE: Registered Agent signature required when reinstating)

FEB 27, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DEVILLERS, GEORGE	
STREET ADDRESS	1106 MONROE AVE	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	PORTMANN, PATRICIA	
STREET ADDRESS	1106 MONROE AVE	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GARY K TURNER	
1.3 STREET ADDRESS	4144 OAKWOOD DR	
1.4 CITY-ST-ZIP	ST CLOUD FL 34772	
2.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LUCILLE S. TURNER	
2.3 STREET ADDRESS	4144 OAKWOOD DR.	
2.4 CITY-ST-ZIP	ST CLOUD, FL 34772	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 27, 1999

Date

Daytime Phone #

407-892-4675

CR2E034 (11/98)