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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **H09451** (6)
1. Corporation Name
ALAFAYA UTILITIES, INC.

Principal Place of Business Mailing Address
600 EAST LAS COLINAS, #400 IRVING TX 75039 **600 EAST LAS COLINAS, #400 IRVING TX 75039**

2. Principal Place of Business 2a. Mailing Address
21 **200 Weathersfield Ave** 26 **2335 Sanders Rd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Altamonte Springs FL** 27 **Northbrook IL**
City & State City & State
23 **32714** 24 **60062**
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/25/1984** 3a. Date of Last Report **10/07/1984**
4. FEI Number **59-2419800** 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FRIEDMAN, MARTIN S
2548 BLAIRSTONE PINES DRIVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name **Rasmussen, Donald**
82 Street Address (P.O. Box Number is Not Acceptable) **200 Weathersfield Ave**
83 **Altamonte Springs FL**
84 City **Altamonte Springs** 85 Zip Code **32714**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Donald Rasmussen* **DONALD RASMUSSEN** 4/11/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARRIS, R. SCOTT 600 EAST LAS COLINAS, #400 IRVING TX 75039
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BERRY, JOHN C 600 EAST LAS COLINAS, #400 IRVING TX 75039
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VASD WALTON, WILLIAM D 600 EAST LAS COLINAS, #400 IRVING TX 75039
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSDS GIBSON, JOHN S 600 EAST LAS COLINAS, #400 IRVING TX 75039
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SNYDER, SHARLENE D 600 EAST LAS COLINAS, #400 IRVING TX 75039
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SHUPE, KEITH 600 EAST LAS COLINAS, #400 IRVING TX 75039

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	C/D Owens, Perry B. 2335 Sanders Rd Northbrook IL 60062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V/S Demaree, David H. 2335 Sanders Rd Northbrook IL 60062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	V/D/T O'Brien, Patrick J. 2335 Sanders Rd Northbrook IL 60062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patrick J. O'Brien* **4/19/95** **708/498-6440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone)