FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H13105** **(2)**

1. Corporation Name

ATLANTIC UTILITIES OF SARASOTA, INC.

Principal Place of Business
101 NW 202ND TERR.
P.O. BOX 69J
MIAMI FL 33169

Mailing Address
101 NW 202ND TERR.
P.O. BOX 69J
MIAMI FL 33169

3. Date Incorporated or Qualified: 07/20/1984
3a. Date of Last Report: 02/03/1995

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City, & State
28
Zip 29 Country 30

4. FEI Number: 59-2428082 — 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

MARTIN, J. PETER
101 N. W. 202ND TERRACE
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 of Registered Agent or Signature of Officer or Director of Registered Agent Corporation accepting appointment DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MARTIN, J. PETER	
STREET ADDRESS	101 NW 202ND TERR.	
CITY, ST, ZIP	MIAMI FL	
TITLE	STD	☒ DELETE
NAME	MASTERS, MARCILIE S.	
STREET ADDRESS	101 NW 202ND TERR.	
CITY, ST, ZIP	MIAMI FL	
TITLE	AT	☐ DELETE
NAME	LEVANDOSKI, JOAN A.	
STREET ADDRESS	101 NW 202ND TERR.	
CITY, ST, ZIP	MIAMI FL	
TITLE	AS	☐ DELETE
NAME	KOPANKE, BETTY C.	
STREET ADDRESS	101 NW 202ND TERR.	
CITY, ST, ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	KAHL, E.J.	
STREET ADDRESS	101 N.W. 202ND TERR.	
CITY, ST, ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE	STD	☒ Change ☐ Addition
2.2 NAME	Lou J. Defrain	
2.3 STREET ADDRESS	101 NW 202nd Terr.	
2.4 CITY, ST, ZIP	Miami, FL 33169	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I 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 is added in Block 13 with an address.

SIGNATURE: Peter Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Peter Martin, President

Date: January 22, 1996

Daytime Phone #: (305)652-1100

CR2E034 (12/95)