

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # H14641

1. Entity Name
LIGHTHOUSE UTILITIES COMPANY



Principal Place of Business

**2010 HIGHWAY C-30
PORT ST. JOE, FL 32456 US**

Mailing Address

**PO BOX 428
PORT ST. JOE, FL 32456 US**

DO NOT WRITE IN THIS SPACE



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2453703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RISH, WILLIAM J.
303 4TH ST.
PORT ST. JOE, FL 32456**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME RISH, CAROL T
STREET ADDRESS 2002 CONSTITUTION DRIVE
CITY-ST-ZIP PORT SAINT JOE, FL 32456

TITLE P
NAME RISH, WILLIAM J P, D
STREET ADDRESS P.O. BOX 39
CITY-ST-ZIP PORT ST JOE, FL 32457

TITLE D
NAME RISHJR, WILLIAM J
STREET ADDRESS 2010 HWY C-30
CITY-ST-ZIP PORT ST JOE, FL 32456

TITLE VP/D
NAME FLOWERS, LANGDON S III
STREET ADDRESS 1135 GORDON AVENUE
CITY-ST-ZIP THOMASVILLE, GA 31792

TITLE D
NAME CLIFTON, MARGARET F
STREET ADDRESS 229 HAND AVENUE
CITY-ST-ZIP PELHAM, GA 31779

TITLE D
NAME FLOWERS, LANGDON S JR
STREET ADDRESS P.O. BOX 997
CITY-ST-ZIP THOMASVILLE, GA 31799

**DO NOT WRITE
IN THIS SPACE**

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05/09/07-80060-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William J. Rish Jr. 4/24/2007

850.227.7427