

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:46

DOCUMENT # **H14659 (7)**  
1. Corporation Name  
**EL GALEON UTILITY COMPANY, INC.**

Principal Place of Business Mailing Address  
**1840 GULF BLVD. ENGLEWOOD FL 34223-5730** **1840 GULF BLVD. ENGLEWOOD FL 34223-5730**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **07/31/1984** 3a. Date of Last Report **05/20/1994**

21. Principal Place of Business <b>1770 GULF BLVD.</b>	26. Mailing Address <b>1770 GULF BLVD.</b>	4. FEI Number <b>59-2471466</b>	Applied For <input type="checkbox"/>
22. Suite, Apt. #, etc	27. Suite, Apt. #, etc	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State <b>ENGLEWOOD, FL.</b>	28. City & State <b>ENGLEWOOD FL.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip <b>34223</b>	25. Country <b>USA</b>	29. Zip <b>34223</b>	30. Country <b>USA</b>

8. Name and Address of Current Registered Agent <b>DICKINSON, ROBERT A. 460 S. INDIANA AVE. ENGLEWOOD FL 33533</b>	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and the if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>V</b>	NAME <b>GENTH, RICHARD E.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1840 GULF BLVD.</b>	CITY ST ZIP <b>ENGLEWOOD FL</b>	1.2 NAME	
TITLE <b>P</b>	NAME <b>DEPALMA, JOHANNA R.</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>1770 GULF BLVD.</b>	CITY ST ZIP <b>ENGLEWOOD FL</b>	1.4 CITY ST ZIP	
TITLE <b>ST</b>	NAME <b>DEPALMA, EMIL C.</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1770 GULF BLVD.</b>	CITY ST ZIP <b>ENGLEWOOD FL</b>	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	2.4 CITY ST ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	3.4 CITY ST ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	4.4 CITY ST ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	5.4 CITY ST ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	6.4 CITY ST ZIP	

**REMITTED BY MAY 1**

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, unchanged, or on an attachment with an address.

SIGNATURE: Johanna Depalma **5-25-95** **813-474-2709**  
Signature: typed or printed name of signing officer or director Date Telephone Number