FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H14659

EL GALEON UTILITY COMPANY, INC.

(7	'

Mailing Address

FILED May 09 1997 8:00am Secretary of State



1770 GULF BLVD ENGLEWOOD FL 34223		ENGLEWOOD F	1770 GULF BLVD ENGLEWOOD FL 34223-5730									
US		US					Date Incorporated or Qualified 7/31/1984	3a. Date 05/01/		eporl		
2. Principal P	lace of Business	2a. Mailing Ad	2a. Mailing Address				El Number	1 4-14-1		plied For		
21		26	1 . →			59-2471466			t Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.75 /			
22		27				5. (5. Certificate of Status Desired Fee Required					
City & State			City & State			6. E	6. Election Campaign Financing \$5.00 May Be					
23		28	28				Trust Fund Contribution Added to Fees					
Zip	Country	Zφ	Cot	Country			8. This corporation has liability for intangible tax under s. 199.032,					
24	25	29	30				Florida Statutes Yes No					
		of Current Registered Agen	t	Ĺ.,	10. Name and Address of New Registered Agent							
	(Inson, Robert A.			81	Name							
460 S. INDIANA AVE.				82 Sirect Ad		Address (P.0	O. Box Number is Not Accepte	ble)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ENG	LEWOOD FL 33533											
		· ·		83								
•	. **			84	City			FL	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	Signature, typed or printed name of	registered agent and tille if applicable.	(NO?E: Flog store	od Age	en: signature r	required when re	einstating)	DATE				
12.	OFF	ICERS AND DIRECTORS	13.			Ąt	DDITIONS/CHANGES TO OFF			~		
TITLE	V		DELETE 1.1 TI	ITLE				L] Change	Addition		
NAME	GENTH, RICHARD E.		1.2 N	IAME	ľ							
STREET ADDRESS	1840 GULF BLVD.		1.3 S	18061	ADDRESS					ļ		
CITY-ST-ZIP	ENGLEWOOD FL			HY-S	SI - ZIP							
TITLE	P		DELETE 2.1 TI	ITLE				Ĺ.	Change	Addition		
NAME	DEPALMA, JOHANNA	R.	2.2 NAME									
STREET ADDRESS	1770 GULF BLVD.		2.3 S	1REET	ADDRESS					1		
CITY-ST-ZIP	ENGLEWOOD FL			OHY-S	S1-ZIP							
TITLE	ST		DELETE 3.1 TI	IΊτΕ] Change	Addition		
NAME	DEPALMA, EMIL C.		3.2 N	IAME								
STREET ADDRESS	1770 GULF BLVD.		335	TREET	ADDRESS					ļ		
CITY-ST-ZIP	ENGLEWOOD FL			DITY-S	ST- 7(P							
TITLE			DELETE 4.1 To	TLE					Change	Addition		
NAME			4.21	MAME								
STREET ADDRESS			4.3 \$	1REET	ADORESS							
CITY ST-ZIP				IIY-S	51 - ZIP							
TITLE	,		DELETE 5.1 TI	ITLE					Change	Addition		
NAME			5.2 N	IAME								
STREET ADDRESS			538	TREET	ADDRESS							
CITY-ST-ZIP			540	ITY-S	31 - Z IP							
TITLE			DELETE 6170	ITLE	- T			L	Change	Addition		
NAME	•		62 N	IAME								
STREET ADDRESS			6.3 \$	TREET	ADDRESS							
CITY-ST-ZIP_			6.4 C	11 Y - S	61-2IP							