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PROFIT CORPORATION ANNUAL REPORT

1996



Ft ORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Gorporation Name

H22783

(5)

| Principal Place of Business Mailing Address | SOUT | THEAST UTILITIES OF S | ARASOTA, INC. | | | |
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| A370 S. TAMAMI TRAL SARASOTA F. 19231 2. Frincy of flace of Pumper 2. Frincy of flace of Pumper 3. Malery Address 3. Date incorporated of Charlete 3. Date incorporated of Charlete 3. Date of Less Report 4. Fill Number 5. Confidence of Status Paper 5. Trust Flamma Controllation 6. Name and Address of Courses 7. PAPER 7. | Principal Place | e of Business | Mailing Address | | | YD IINI BIBIK BHRIK BIBIK BHBIK BHBIK BIBIK IBBI |
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| SUPERADE STANDARD COUNTY STAND | | | | | | |
| Coy & State Coy & | 2. Prinopal P | lace of Business | <u></u> ⊢₁ | | | |
| The fund Combibution | Suite, Apt. 22 | #, etc. | <u></u> | | 5. Certificate of Status Desired | |
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| PAVER, PAUL L. 4370 S. TAMIAMI TRAIL SARASOTA F. 34231 E4 City FL 85 Zo Code 11. Pursuant to the provisions of Sections 607,0507 and 607,1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florids. Suint change was submoved by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in this State of Florids. Suint change was submoved by the corporation's board of directors. Thereby accept the appointment as registered agent. I am corporate directors agent at the State of States. SIGNAL UPI 12. OF INCRS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OF INCRS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Intit 15. Inti | Ziρ | F:n | Zip | · | | intangible fax under s 199.032, |
| PAVER, PAUL L 4370 S. TAMIAMI TRAIL SARASOTA F 34231 B2 Street Address (P.O. Box Number is Not Acceptable) B4 Cry FL B5 Ze Code B | | | urrent Registered Agent | | 10. Name and Address of New F | legistered Agent |
| 4370 S. TAMIAMI TRAIL SARASOTA FL 34231 11. Practicated to the provided so of Statistics (Frontal Subject House Internal Corporation submits this statement for the purpose of changing its registered office or recipit certification of Frontal Subject House Internal Corporation submits this statement for the purpose of changing its registered office or recipit certification of Frontal Subject House Internal Corporation submits this statement for the purpose of changing its registered office or recipit certification of Frontal Subject House Internal Corporation submits this statement for the purpose of changing its registered office or recipit certification (Provided Applications) in the corporation submits the statement of the purpose of changing its registered office in the statement of the purpose of changing its registered office or recipit certification (Provided Applications) in the purpose of changing its registered office or recipit certification (Provided Applications) in the purpose of changing its registered office or corporation submits this statement for the purpose of changing its registered office or corporation submits this statement for the purpose of changing its registered office or corporation submits this statement for the purpose of changing its registered office or corporation submits the statement of change in corporation submits the statement of changing its registered office or changing | | | | B1 Name | | |
| SARASOTA FL 34231 69 | | | | 82 Street Add | ress (P.O. Box Number is Not Acceptat | ole) |
| 11. Pursuant to the provisions of Socions 607.0502 and 607.1568. 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 Tendas, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am corporation is an accept the collapsion of Socion 607.0505, Florida Statutes. SIGNATURE SIGNATURE DPST OF INCERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PAVER, PAUL L. 12 IMME 13 INSECTIA DORES SIGNATURE DPST PAVER, PAUL L. 13 INSECTIA DORES SIGNATURE 370 S. TAMIAMI TRAIL SIRETIA DORES SIGNATURE SIRETIA DORES SIRETIA DORES CHY ST. 79 DELETE 1 TITLE Change Addition Addition Addition SIRETIA DORES CHY ST. 79 DELETE 3 TITLE Change Addition Addition Addition SIRETIA DORES CHY ST. 79 LIVE DELETE 3 TITLE Change Addition Addition SIRETIA DORES CHY ST. 79 LIVE DELETE 5 TITLE Change Addition Addition SIRETIA DORES CHY ST. 79 LIVE DELETE 5 TITLE Change Addition Addition SIRETIA DORES CHY ST. 79 LIVE DELETE 5 TITLE Change Addition Addition SIRETIA DORES CHY ST. 79 LIVE DELETE 5 TITLE Change Addition Addition SIRETIA DORES CHY ST. 79 LIVE Change Addition Addition SIRETIA DORES CHY ST. 79 LIVE Change Addition Addition SIRETIA DORES CHY ST. 79 LIVE Change Addition Addition SIRETIA DORES CHY ST. 79 LIVE Change Addition SIRETIA DORES CHY ST. 79 LIVE ADDITIONS CHANGES STATES AND DIRECTORS SINCH ADDITIONS SINCH ADDITIONS STATES AND DIRECTORS SINCH ADDITIONS SIN | | | | 63 | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-hanned corporation submits this statement for the purpose of changing list registered office or registered agent, or bein, in the State of Blenda Such Indiana was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am SIGNATURE SIGNATURE 2. OF HIGERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. TITLE 12. OF HIGERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. TITLE 14. TITLE 15. TITLE 15. TITLE 15. TITLE 15. TITLE 15. TAMME 15. TITLE 15. | | | | 84 City | | FI 85 Zip Code |
| 12. OF HICERS AND DIRECTORS 1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | or registe | red agent, or both, in the State of | ' Florida. Such change was autho | orized by the corporation's boa | ration submits this statement for the purified of directors. I hereby accept the app | roose of changing its registered office |
| 12 | SIGNATURE | · · · · · · · · · · · · · · · · · · · | | | | |
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| | 14. I do here certify the | at the information indigated on this | s annual report or supplemental a | furnished and does not qualify annual report is true and accur | ate and that my signature shall have the | same legal effect as if made under |

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

1/23/26 (813) 922-3571

CR2E034 (12/95)