SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **H29193** **(0)**

1. Corporation Name
WEST CHARLOTTE UTILITIES, INC.

Principal Place of Business
2940 S. MCCALL RD.
ENGLEWOOD FL 34224

Mailing Address
2940 S. MCCALL RD.
ENGLEWOOD FL 34224

3. Date Incorporated or Qualified: **11/08/1984**
3a. Date of Last Report: **10/25/1995**
4. FEI Number: **59-2483950** — Applied For / Not Applicable
5. Certificate of Status Desired: [X] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

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

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

8. This corporation has been duly formed under s. 1968.02 Florida Statutes. [ ] Yes [X] No

9. Name and Address of Current Registered Agent
GRANICZ, ROBERT T.
2940 SOUTH MCCALL ROAD
ENGLEWOOD FL 34224

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 607.0502 and 607.1506, 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. The street address and name of the registered agent are accepted 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

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	GRANICZ, ROBERT	
STREET ADDRESS	2940 MCCALL RD. S	
CITY, ST, ZIP	ENGLEWOOD FL	
TITLE	VPD	[ ] DELETE
NAME	KEATHLEY, HAROLD L.	
STREET ADDRESS	106 ATLANTIC RD.	
CITY, ST, ZIP	N. PALM BEACH FL	
TITLE	CTD	[ ] DELETE
NAME	GRANICZ, JOSEPH	
STREET ADDRESS	2950 MCCALL ROAD, SOUTH	
CITY, ST, ZIP	ENGLEWOOD FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Add
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	[ ] Change [ ] Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	[ ] Change [ ] Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	[ ] Change [ ] Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	[ ] Change [ ] Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	[ ] Change [ ] Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I further certify that the information contained in the annual report or supplemental annual reports now and at the time of filing, signature shall have the same legal effect as if made under oath. I hereby certify that I am an officer or director of the corporation or the person authorized by the corporation to execute this report under penalty of perjury, Chapter 817, Florida Statutes. I hereby certify that I am aware that Section 12 of Rule 1S-2.031, Florida Administrative Code, requires a corporate officer or director to be a resident of the State of Florida.

SIGNATURE: R.T. GRANICZ 6/7/96 (941) 475-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)