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 MAR 31 AM 11:49

DOCUMENT # **H99603** **(3)**

1. Corporation Name

NORTH NAPLES UTILITIES, INC.

Principal Place of Business	Mailing Address
4500 EXECUTIVE DRIVE SUITE 210 NAPLES FL 33999	4500 EXECUTIVE DRIVE SUITE 210 NAPLES FL 33999

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/17/1986
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 Suite 300	Suite, Apt. #, etc. 27 Suite 300
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2640398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, ROBERT W, JR 4500 EXECUTIVE DRIVE NAPLES FL 33999	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite 300 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OP	11 TITLE	☐ Change ☐ Addition
NAME	HARDY, ROBERT S.	12 NAME	
STREET ADDRESS	4500 EXECUTIVE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	
TITLE	OVP	21 TITLE	☐ Change ☐ Addition
NAME	HOWELL, W. SHANNON	22 NAME	
STREET ADDRESS	4500 EXECUTIVE DRIVE	23 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	24 CITY ST ZIP	
TITLE	OTS	31 TITLE	☐ Change ☐ Addition
NAME	SHIELDS, JAMES E.	32 NAME	
STREET ADDRESS	4500 EXECUTIVE DRIVE	33 STREET ADDRESS	
CITY-ST ZIP	NAPLES FL	34 CITY-ST ZIP	
TITLE	DVP	41 TITLE	☐ Change ☐ Addition
NAME	HARDY, ROBERT PAUL	42 NAME	
STREET ADDRESS	4500 EXECUTIVE DRIVE	43 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	44 CITY-ST ZIP	
TITLE	AST	51 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ROBERT W, JR	52 NAME	
STREET ADDRESS	4500 EXECUTIVE DRIVE	53 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	54 CITY-ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST ZIP	

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)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: Robert W. Johnson, Sr. 1-23-95 813-597-6061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #