

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90057 018 ***150.00

DOCUMENT #

J00443 ✓

1. Corporation Name

FMF UTILITIES, INC.

Principal Place of Business

4350 L.J. VILLAGE DR.
C/O TAX DEPT., STE 400
SAN DIEGO, CA 92122-1233
US

Mailing Address

4350 L.J. VILLAGE DR.
C/O TAX DEPT., STE 400
SAN DIEGO, CA 92122-1233
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1986

4. FEI Number

59-2663418

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301

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 607.1508, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME WOLD, CASEY R.
STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400
CITY-ST-ZIP SAN DIEGO, CA 92122-1233

TITLE S ☒ DELETE
NAME HAGEMAN, DOUGLAS L.
STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400
CITY-ST-ZIP SAN DIEGO, CA 92122-1233

TITLE V ☒ DELETE
NAME KOVACIC, DON S.
STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400
CITY-ST-ZIP SAN DIEGO, CA 92122-1233

TITLE VT ☒ DELETE
NAME WENDY M. GODOY
STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400
CITY-ST-ZIP SAN DIEGO, CA 92122-1233

TITLE DV ☐ DELETE
NAME DAVID W. CLAPP
STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400
CITY-ST-ZIP SAN DIEGO, CA 92122-1233

TITLE V ☐ DELETE
NAME JAMES HUTCHISON
STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400
CITY-ST-ZIP SAN DIEGO, CA 92122-1233

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE

Holli Salazar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(619) 546-1001

CR2E034 (11/98)