2-11-97 B- 1732 -XC FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # J03327

(0)

NORTH CENTRAL FLORIDA UTILITIES, INC.

Principal Place of Business

5360 NE 25TH AVE OCALA FL 34479 Mailing Address

5360 NE 25TH AVE OCALA FL 34479-1832

FILED Feb 11 1997 8:00am Secretary of State



3. Date incorporated or Qualified 3a. Date of Last Report

					03/07/1986	04/0	3/1996	
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 /40	SE QUP AVE	26 140 SE 2	こんひ みひ	i ^z	59-2693484		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E Contificate of Status Desired	172/	\$8.75 Additional	
22		27			5. Certificate of Status Desired	K.T	Fee Required	
City & State	9	City & State			6. Election Campaign Financing		\$5.00 May Be	
23 LRY9	TAL RIVER FLA	28 CRYSTAL	RIVER	FLA	Trust Fund Contribution	102	Added to Fees	
Zip_	Country	ZIP	Country		8. This corporation has liability for i	ntangible t	ax under s. 199 032.	
24 344	129 25 CITRUS	29 34429	30 CITRI	ر کی ۔		Yes Z		
g, Name and Address of Current Registered Agent					10. Name and Address of New Re-			
STAFFORD, JEANETTE				6				
EZEN NE ZETU AVE								
00ALAFL-84479 /40 SE 2 ND AVE			ع ا 182 Stre	82 Street Address (P.O. Box Number is Not Acceptable)				
, , , , , , , , , , , , , , , , , , , ,				63				
	CRYS1	-ALRIVER						
		mi	. 84 City			F1	85 Zip Code	
		1 1441	7			<u>FL</u>	.l . [
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the anove-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. Thereby accept the appointment as registered								
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE STAFFORD /22/97 Begrature, typed or profess mann of registered agricult and life if a specified (NOT) fregistered Agricult agriculture regulated when reinstalling) DATE DATE								
For fature, typed or printed mann of registered as 4 and title P application (NOT Engistered Agont signature required which constalling) DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE		DELFTE	1.1 TITLE	ļ			Change Addition	
NAME	STAFFORD, JEANETTE	B SE AND AV	1.2 NAME	ļ				
STREET ADDRESS	53 80 NE 25TH AVE	B. B. Burk	1.3 STREET ADDRES	s				
CITY-ST-ZIP	OCALA FL 34479 CR:	VSTAL RIVER	14 CHY-ST-ZIP					
TITLE	S	DELETE	2 1 1ITLE	- †			Change Addition	
NAME	STAFFORD, RICHARD L	SE AND AVE	2.2 NAM!					
STREET ADDRESS	5360 N.E. 25TH AVE	STAL RIVER	2 3 STREET ADDRES	,				
CITY-ST-ZIP	OCALA EL 34479	7/1/2011	2. 4 CITY - S1 - ZIP					
TITLE		F1 34429 DELETE	3.1 TITLE	 			Change Addition	
NAME			3 2 NAME	ì				
STREET ADDRESS				,				
			3 3 STREET ADDRES	, [
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP				Change Addition	
TITLE		LJ DUTTE	4.1 TITLE			l		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRES	S				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 Ci1Y - S1 - ZiP	4				
TITLE		☐ DELETE	5 1 TITLE			Į	Change	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREFT ADDRES	s				
CITY-ST-ZIP			5.4 CITY - ST - ZIP					
TITLE		DELETE	6.1 TITLE				Change Addition	
NAME			6.2 NAME					
STREET ADORESS			6.3 STRLE1 ADDRES	s				
CITY-ST-ZIP			6.4 CITY-S1 - ZIP					
14. I do hereb	by certify that the information supplied	with this filing does not qualif	y for the exemption	stated i	in Section 119.07(3)(i), Florida Statutes	s. 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.								