

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **J04177** (8)  
1. Corporation Name  
**A & R UTILITIES, INC.**

95 FEB -1 AM 11:58

Principal Place of Business  
825 6TH STREET  
P.O. BOX 650178  
VERO BEACH FL 32962

Mailing Address  
825 6TH STREET  
P.O. BOX 650178  
VERO BEACH FL 32962

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**03/14/1986**

3a. Date of Last Report  
**02/15/1994**

4. FEI Number  
**59-2814101**

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

29. Zip Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

**DOYLE, RON**  
**825 GLENDALE RD**  
**VERO BEACH FL 32961**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PD**  
**DOYLE, RON**  
**7607 JAMES RD**  
**FT PIERCE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**SD**  
**DOYLE, ALICE D.**  
**7607 JAMES RD**  
**FT PIERCE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP  Change  Addition

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP  Change  Addition

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP  Change  Addition

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP  Change  Addition

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP  Change  Addition

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(b), 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: Ronald J. Doyle  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/95 1-417778-3656  
DATE ORIGINAL FILING #