## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

J04177

(8)

A & R UTILITIES, INC.

FILED Jan 22 1998 8:00am Secretary of State



							// 218/ 218/ 218/ 218/	
Principal Place of Business Mailing Address								
825 8TH STREET P.O. BOX 650178 VERO BEACH FL 32962		P.O. BOX	925 8TH STREET P.O. BOX 650178			DO NOT WRITE IN 1	THIS SPACE	
VENO BEACH	FL 32962	AEHO REI	VERO BEACH FL 32962			3, Date Incorporated or Qualified		
						03/14/1986		
2. Principal Pl	ace of Business	2a. Mailing	Address	,		4. FEI Number	Aı	pplied For
21		26				59-2814101	N	ot Applicable
Suite, Apt. :	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27						equired
City & State		<u></u>	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country		Zip Country		<i>,</i>	This corporation owes or has paid the		
24	25	29		30	•	Personal Property Tax due June 30.	<b>3</b> —// -	No No
	9. Name and Address of Curr		jent	1-41		10. Name and Address of New Registr	ered Agent	
DO	YLE, RON			81	Name			
	S 8TH STREET			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	RO BEACH FL 32961							
				83				
				84	City		FL 85 Zip	Code
office or re agent. I ar	o the provisions of Sections 607.0 egistered agent, or both, in the Standard militar with, and accept the obtaining the contractions of the contraction of the contraction of the contraction of the provisions of	ite of Florida. Such	change was	authorized b	y the corpor	rporation submits this statement for the purpor ation's board of directors. I hereby accept the	ose of changing it appointment as	ts registered registered
SIGNATURE .	Signature, typed or printed name of registered	agent and title it applicable	nO1	E: Registered Ap	ent signature req	oved when reinstating) D	ATE:	
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE	]		☐ Change	Addition
NAME	DOYLE, RON			1.2 NAME				
STREET ADDRESS	7607 JAMES RD			1.3 STREE	I ADDRESS			
CITY-ST-ZIP	FT PIERCE FL		DELETE	1.4 CITY-	ST-ZIP			14400
TITLE	SO DOVIE ALICED		DELETÉ	2.1 TITLE			L Change	☐ Addition
NAME	DOYLE, ALICE D. 7607 JAMES RD			2.2 NAME	T A DODE OF			
STREET ADDRESS	FT PIERCE FL				T ADDRESS			
CITY-ST-ZIP TITLE	TI FIEROE PL		DELETE	2. 4 CITY- 3.1 TITLE	31-2Ir		☐ Change	Addition
NAME		·		3.2 NAME				_
STREET ADDRESS					ADDRESS .			
CITY-ST-ZIP				3.4. CITY-	+			
TITLE			DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREE	ADDRESS			
CITY-ST-ZIP				4.4 CITY-	ST-ZIP			<del></del>
TITLE			DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE	ADDRESS			
CITY-ST-ZIP	<del></del>		DELETE.	5.4 CITY-	ST-ZIP		0	
TITLE		l	DELETE	6.1 TITLE			☐ Change	Addition
NAME				6.2 NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	artify that the information ourselved	with this filing dos	e not avalify f	6.4 CITY-1		in Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the	o information
indicated officer or o	on this annual report or supplemen	ntal annual report is aceiver or trustee ei	s true and acc mpowered to	curate and th	at my signal	ture shall have the same legal effect as if mai quired by Chapter 607, Florida Statutes; and	de under oath; th	at I am an