

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 07, 1999 8:00 am  
Secretary of State

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0519007

DOCUMENT # J09386

1. Corporation Name

ST. LUCIE WEST UTILITIES, INC.

Principal Place of Business

1740 SW ST LUCIE W BLVD  
SUITE 3  
PORT ST. LUCIE FL 34986  
US

Mailing Address

1740 SW ST LUCIE W BLVD  
SUITE 3  
PORT ST. LUCIE FL 34986  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1986

4. FEI Number

43-1438940

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 owes the current year Intangible  
Personal Property Tax.

☐

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEGENER, PAUL J  
1740 SW ST LUCIE W BLVD  
SUITE 3  
PORT ST. LUCIE FL 34986

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME PAUL J. HEGENER  
STREET ADDRESS 1740 SW ST LUCIE W BLVD  
CITY-ST-ZIP PORT ST. LUCIE FL 34986

☐ DELETE

1.1 TITLE DVP  
1.2 NAME Page, David C.  
1.3 STREET ADDRESS 1740 SW St. Lucie West Blvd.  
1.4 CITY-ST-ZIP Port St. Lucie, FL 34986

☐ Change

☒ Addition

TITLE VTD  
NAME ANDERSON, JAMES H  
STREET ADDRESS 1740 SW ST LUCIE W BLVD  
CITY-ST-ZIP PORT ST. LUCIE FL 34986

☐ DELETE

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

☐ Change

☐ Addition

TITLE DS  
NAME GILBERT, GLEN R  
STREET ADDRESS 1750 E SUNRISE BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33304

☐ DELETE

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

☐ Change

☐ Addition

TITLE DVP  
NAME BABCOCK, THOMAS A  
STREET ADDRESS 1740 SW ST LUCIE W BLVD  
CITY-ST-ZIP PORT ST LUCIE FL 34986

☒ DELETE

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

☐ Change

☐ Addition

TITLE D  
NAME LEVAN, ALAN  
STREET ADDRESS 1750 E SUNRISE BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33304

☐ DELETE

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

☐ Change

☐ Addition

TITLE DC  
NAME ABDO, JOHN E  
STREET ADDRESS 1350 NE 56TH ST  
CITY-ST-ZIP FT LAUDERDALE FL 33334

☐ DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

561-340-3500

Daytime Phone #

CR2E034 (1/98)