Mar 22, 1999 8:00 am

Secretary of State

03-22-1999 90097 034 ***150.00

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

DOCUMENT # J48146

STREET ADDRÉSS

 Corporation 	n Name							
C & H U	ITILITIES, INC.							
						- 1 1691140 0111 01001 10104 11014 0104 0104 0		HEN BIBIK IBEK
Principal Place	e of Business	Mailing Address				- I SMACKIM MICC MENNE INTER INDIT MENNIN MINICE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1527 VALIANT	P.O. BOX 1088							
SEBRING FL 33872 SEBRING FL 33871						SO NOT WOITE IN THIS	CDACE	
US	US		•		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
						12/22/1986	114	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	— }-	plied For
21		26				59-2767117		t Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	
22		27						
City & State	e ·	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
23	Country	Zip	Cou	ntry		 		.or ces
Zip	<u> </u>	⊢	30			This corporation owes the current year Inf Personal Property Tax.	Yes	No
24	9. Name and Address of Curren	29 Agent	[30]			10. Name and Address of New Registered		
··	5. Haire and Address of Curren	t itegistered Agont		81 Nam	ne			
FAIRCLOTH, WENDELL L.								
1527 VALIANT AVE				82 Stre	Street Address (P.O. Box Number is Not Acceptable)			
SEBRING FL 33872				83				
						. 100		. 4117
				84 City		FL	85 Zip (Code
44 . D	As the serious of Costings 607 050	2 and 607 1509 Elorida State	ites the a	nove-nam	ad corno	ration cubmits this statement for the nurnose of	changing its	registered
office or r	enistered agent or both in the State.	of Florida. Such change was	authorized	DV the co	rporation	n's board of directors. I hereby accept the appoint	ntment as re	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fi	lorida Stati	utes.				•
SIGNATURE	Signature, typed or printed name of registered ager		FE: Booletaend	Acont cianati	ra roquirad	when reinstating) DATE		
12.		D DIRECTORS	13.	Agent signatu	18 Taquileo	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	DRS IN 12
TITLE	P	☐ DELETE	1,1 TF	LE ·			☐ Change	☐ Addition
NAME	FAIRCLOTH, WENDELL L.		1.2 N/					ļ
	1527 VALIANT AVE			REET ADDRÉ	20			,
STREET ADDRESS	SEBRING FL			TY-ST-ZIP	-	•		
CITY-ST-ZIP TITLE	V	☐ DELETE	2.1 TI		+	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
	FAIRCLOTH, MARY JANE	<u> </u>	22 N					
NAME	ACOT MALIANIT AND	•	1	REET ADDRE	ee	•		
STREET ADDRESS	SEBRING FL	*** *		-	33			
CITY-ST-ZIP	GEDNING FE	☐ DELETE	3.1 TI	TY-\$T-ZIP	 		Change	Addition
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NAME				TEET ADDRE	ee	•		1
STREET ADDRESS					~			
C/TY-ST-ZIP		☐ DELETE		TY-ST-ZIP	+		Change	Addition
TITLE			4.1 TI			•		
NAME ,			4.2 N		00			
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NAME								
STREET ADDRESS				REET ADDRE	33			Ì
CITY-ST-ZIP		:		TY-ST-ZIP	-		Change	- Addition
TITLE		☐ DELETÉ	6.1 TI			-	Change	☐ Addition
MANG	Long the control of		6.2 N/					

CITY-ST-ZIP: 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: //