FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

'95 MAY -1 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # J51260 (4)

1. Corporation Name
ENGLEWOOD UTILITIES CORPORATION

Principal Place of Business	Mailing Address
PO BOX 21238 P.O. BOX 21238 SARASOTA FL 34276-238 US	PO BOX 21238 P.O. BOX 21238 SARASOTA FL 34276-238 US

3. Date Incorporated or Qualified: 01/08/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2787568 ☐ 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 P. O. Box 21238	26 P. O. Box 21238
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

JOHNSON, MICHAEL J.
573 INTERSTATE BLVD
SARASOTA FL 34240-5958

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2018 Oak Terrace
83
84 City FL 85 Zip Code 34231

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	TERRY, EDWARD L.	1.2 NAME	
STREET ADDRESS	1377 BARCLAY CIRCLE A	1.3 STREET ADDRESS	2401 Lake Park Drive Suite 220
CITY ST ZIP	MARIETTA GA	1.4 CITY ST ZIP	Smyrna, GA 30080
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition
NAME	JOHNSON, MICHAEL	2.2 NAME	
STREET ADDRESS	573 INTERSTATE BLVD	2.3 STREET ADDRESS	2018 Oak Terrace
CITY ST ZIP	SARASOTA FL	2.4 CITY ST ZIP	34231
TITLE	ST	3.1 TITLE	☒ Change ☐ Addition
NAME	OWINGS, S KENT	3.2 NAME	
STREET ADDRESS	1377 BARCLAY CRICLE #A	3.3 STREET ADDRESS	2197 Canton Road Suite 201
CITY ST ZIP	MARIETTA GA	3.4 CITY ST ZIP	30066
TITLE	AS	4.1 TITLE	☒ Change ☐ Addition
NAME	JOHNSON, MICHAEL	4.2 NAME	
STREET ADDRESS	573 INTERSTATE BLVD	4.3 STREET ADDRESS	2018 Oak Terrace
CITY ST ZIP	SARASOTA FL	4.4 CITY ST ZIP	34231
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 119.07(3)(k), 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: S Kent Owings 4/28/95 404-427-8762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S. KENT OWINGS

0455984 FP