


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

FILED

May 12 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J59974 (2)</b>					
1. Corporation Name <b>CENTECH UTILITY CORPORATION</b>					
Principal Place of Business <b>% CHARLES MARVIN HOLDER 6109 ORIENT RD TAMPA FL 33610</b>			Mailing Address <b>% CHARLES MARVIN HOLDER 6109 ORIENT RD TAMPA FL 33610-9434</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/27/1987</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report <b>07/17/1996</b>	
22 City & State		27 City & State		4. FEI Number <b>59-2781027</b>	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>HOLDER, CHARLES MARVIN 6109 ORIENT RD TAMPA FL 33610</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PCD	<input type="checkbox"/> DELETE			
NAME	HOLDER, CHARLES M.				
STREET ADDRESS	6109 ORIENT ROAD				
CITY - ST - ZIP	TAMPA FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	HOLDER, DAVID				
STREET ADDRESS	4722 S GALLAGHER ROAD				
CITY - ST - ZIP	PLANT CITY FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	MORRIS, TIMOTHY R				
STREET ADDRESS	P.O. BOX 290771 N/A				
CITY - ST - ZIP	TAMPA FL 33687-0771				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	SCHUBEL, ALAN R				
STREET ADDRESS	7001 RIVERGATE AVE				
CITY - ST - ZIP	TAMPA FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	HUTCHESON, BEVERLY D				
STREET ADDRESS	P.O. BOX 73 N/A				
CITY - ST - ZIP	WEBSTER FL 33597				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME		HOLDER, DAVID R			
2.3 STREET ADDRESS		139 SMOKEY MOUNTAIN ROAD			
2.4 CITY - ST - ZIP		SEFFNER FL 33584			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone: _____					



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