

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J59974 (2)
1. Corporation Name
CENTECH UTILITY CORPORATION

Principal Place of Business % CHARLES MARVIN HOLDER 6109 ORIENT RD TAMPA FL 33610	Mailing Address % CHARLES MARVIN HOLDER 6109 ORIENT RD TAMPA FL 33610
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/27/1987	
				4. FEI Number 59-2781027	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOLDER, CHARLES MARVIN 6109 ORIENT RD TAMPA FL 33610		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	5
NAME	HOLDER, CHARLES M.	1.2 NAME	MARY A GRECO
STREET ADDRESS	6109 ORIENT ROAD	1.3 STREET ADDRESS	4638 HAMMOCK RIDGE
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	MULBERRY, FL
TITLE	V	2.1 TITLE	
NAME	HOLDER, DAVID R	2.2 NAME	
STREET ADDRESS	139 SMOKEY MOUNTAIN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	MORRIS, TIMOTHY R	3.2 NAME	
STREET ADDRESS	P.O. BOX 290771 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33687-0771	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	SCHUBEL, ALAN R	4.2 NAME	
STREET ADDRESS	7001 RIVERGATE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	HUTCHESON, BEVERLY D	5.2 NAME	
STREET ADDRESS	P.O. BOX 73 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL 33597	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE _____ 813-626-2258

CR2E034 (10/97)