

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  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90170 039 \*\*\*150.00

DOCUMENT # K17024

1. Corporation Name

OCEAN CITY UTILITIES, INC.

Principal Place of Business

CANAL AVE. (MONDEX)  
P.O. BOX 2327  
BUNNELL FL 32110-2327

Mailing Address

CANAL AVE. (MONDEX)  
P.O. BOX 2327  
BUNNELL FL 32110-2327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/29/1988

4. FEI Number

59-2943635

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. ☒ Yes ☐ No

2. Principal Place of Business

21 2981 N. ALA  
Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 1559  
Suite, Apt. #, etc.

22 City & State

23 Flagler Bch, FL  
Zip Country

27 City & State

28 Flagler Bch, FL  
Zip Country

24 32136 25 Flagler

29 32136 30 Flagler

9. Name and Address of Current Registered Agent

SPERRING, THOMAS R., SR  
2928 NW 22ND ST  
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

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

TITLE	DS	<input type="checkbox"/> DELETE
NAME	SPERRING, THOMAS R., SR	
STREET ADDRESS	2928 NW 22ND ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SPERRING, PHYLLIS R.	
STREET ADDRESS	2928 NW 22ND ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HAIRELSON, COSKER	
STREET ADDRESS	4533 CANAL AVE.	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HUNTER, JANIS L	
STREET ADDRESS	4533 CANAL AVE.	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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

Janis L. Hunter, Treasurer

4/21/99 (904) 439-3235  
Date Daytime Phone #

CR2E034 (11/98)