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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K61768 (3) 1. Corporation Name L. W. UTILITIES, INC.			
Principal Place of Business 5905 NE HWY 17 ARCADIA FL 33821-34266 US		Mailing Address 4004 N.E. BARTON TERRACE ARCADIA FL 34266-5859	
2. Principal Place of Business 21 5905 NE Hwy. 17 Suite, Apt. #, etc.		2a. Mailing Address 26 4004 NE. BARTON Terr. Suite, Apt. #, etc.	
22 City & State 23 ARCADIA, FL. 34266		27 City & State 28 ARCADIA, FL. 34266	
24 Zip 34266		25 Country USA	
29 34266		30 USA	
9. Name and Address of Current Registered Agent BEARDEN, RALPH H 4004 N.E. BARTON TERRACE ARCADIA FL 33821			
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 Single: type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE D NAME BEARDEN, CAROLYN W. STREET ADDRESS 4004 N.E. BARTON TERRACE CITY-ST-ZIP PUNTA GORDA FL			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
6.1 TITLE 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: Carolyn W. Bearden 4004 NE Barton Terr Arcadia FL 34266 4/15/97 941-993-0258			



CR2E034 (9/96)