


FILE NOW: FILING FEE AFTER MAY 1ST IS \$500

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Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. North Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K68534 (2) 1. Corporation Name G & A UTILITIES SERVICES COMPANY, INC.			
Principal Place of Business 11494 WEST POPE COURT P.O. BOX 2418 HOMOSASSA SPRINGS FL 34447		Mailing Address 11494 WEST POPE COURT P.O. BOX 2418 HOMOSASSA SPRINGS FL 34447	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Col 28 30	
3. Date Incorporated or Qualified 02/27/1989		4. FEI Number 59-2933890 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent POTTS, AUSTIN R. 11494 WEST POPE COURT P.O. BOX 2418 HOMOSASSA SPRINGS FL 34447		10. Name and Address of New Registered Agent Name Crimmings, George R. Street Address (P.O. Box Number is Not Acceptable) 1430 W Stetson Ave. City Orlando FL 32804	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above corporation submits this statement for the purpose of changing its registered office or registered agent, by 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 <i>George R. Crimmings</i> DATE 3/26/98 (NOTE: Registered signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS POTTS, AUSTIN R. 11494 W. POPE COURT HOMOSASSA SPR. FL <input checked="" type="checkbox"/> DELETE	1.1 TIT 1.2 NA 1.3 STADDRESS 1.4 CI ZIP	DPS Crimmings, George R. 1430 W Stetson Ave. Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POTTS, AUSTIN R. 11494 W. POPE COURT HOMOSASSA SPR. FL <input checked="" type="checkbox"/> DELETE	2.1 TIT 2.2 NA 2.3 STADDRESS 2.4 CI ZIP	T Crimmings, George R. 1430 W Stetson Ave. Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TIT 3.2 NA 3.3 STADDRESS 3.4 CI ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TIT 4.2 NA 4.3 STADDRESS 4.4 CI ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TIT 5.2 NA 5.3 STADDRESS 5.4 CI ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TIT 6.2 NA 6.3 STADDRESS 6.4 CI ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

George R. Crimmings 1/13/98 404-425-2224

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