Feb 12, 1999 8:00 am

Secretary of State

02-12-1999 90006 047 \*\*\*150.00

## 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

## DOCUMENT # **K68534**

1. Corporation Name

G & A UTILITIES SERVICES COMPANY, INC.

:								
Principal Place	e of Business	Mailing Address				•	•	
11494 WEST POPE COURT 11494 WEST POPE COURT								
P.O. BOX 2418 HOMOSASSA SPRINGS FL 34447		P.O. BOX 2418 HOMOSASSA SPRINGS FL 34447			DO NOT WRITE IN THIS SPACE			
HUMUSASSA S	SPRINGS FL 34447	HOMODADDA SENINGO EL S	7447		3. Date Incorporated or Qualifed	,	<del></del>	7
					02/27/1989	•		1
2. Principal Pl	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number	A	pplied For	1 5.
21		26			59-2933890		lot Applicable	] :
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	7 ****	Additional	
22	•	27			3. Certificate of Otatos Desired	Fee F	Required	4
City & State	е	City & State			6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution	Added	to Fees	-
Zip	Country	Zip	Country		8. This corporation owes the curre	ent year Intangible  Yes	□No	l
24	25		90		Personal Property Tax.  10. Name and Address of New R			1
	9. Name and Address of Current	Registered Agent	81	Name	10. Haille and Address of New N	tegistorea Agent		1
CRIN	MMINGS, GEORGE R.							4
	W. STETSON AVENUE	•	82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
ORL	ANO FL 32804		83		201 5 77 6 9 5	4.24, 116, 83. 131 118	14.40 16.18.18	1
								ļ
			84	City		FL  85   Zip	Code	1
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the above	-named corpo	oration submits this statement for the	purpose of changing i	ts registered	1
office or re	egistered agent, or both, in the State of	of Elorida. Such change was aut		tha carparatio				
agent. La	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	norized by the Statutes.		on's board of directors. Thereby accep	or the appointment as	egistered	
SIGNATURE	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes.	•			egistered	
SIGNATURE	m familiar with, and accept the obligat	t and title if applicable. (NOTE: R	da Statutes. Registered Agent	t signature required		DATE "		
SIGNATURE	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE: R	da Statutes.	•	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE "	ORS IN 12	(00)
SIGNATURE  12. TITLE	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS ANI	ions of, Section 607.0505, Florid t and title if applicable. (NOTE: R D DIRECTORS	da Statutes. Registered Agent	•	d when reinstating)	DATE FICERS AND DIRECT	ORS IN 12	744,00
SIGNATURE  12. TITLE NAME	m familiar with, and accept the obligate Signature, typed or printed name of registered agen OFFICERS AN DPST CRIMMINGS, GEORGE R.	ions of, Section 607.0505, Florid t and title if applicable. (NOTE: R D DIRECTORS	Registered Agent  13.  1.1 TITLE	t signature required	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12	7004 (44,00)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI DPST CRIMMINGS, GEORGE R. 1430 W. STETSON AVENUE	ions of, Section 607.0505, Florid t and title if applicable. (NOTE: R D DIRECTORS	legistered Agent  13.  1.1 TITLE  12 NAME	t signature required	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12	000001(44/00)
SIGNATURE  12. TITLE NAME	m familiar with, and accept the obligate Signature, typed or printed name of registered agen OFFICERS AN DPST CRIMMINGS, GEORGE R.	ions of, Section 607.0505, Florid t and title if applicable. (NOTE: R D DIRECTORS	la Statutes.  legistered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET	t signature required	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12	7.702.00
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI DPST CRIMMINGS, GEORGE R. 1430 W. STETSON AVENUE	t and title if applicable. (NOTE: R  D DIRECTORS	legistered Agent 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST	t signature required	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12	7.702.00
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI DPST CRIMMINGS, GEORGE R. 1430 W. STETSON AVENUE	t and title if applicable. (NOTE: R  D DIRECTORS	tegistered Agent 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	t signeture required  ADDRESS 7-ZIP	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12	7.702.00
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI DPST CRIMMINGS, GEORGE R. 1430 W. STETSON AVENUE	t and title if applicable. (NOTE: R  D DIRECTORS	tegistered Agent 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	ADDRESS ADDRESS ADDRESS	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12  Addition  Addition	7.1000
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI DPST CRIMMINGS, GEORGE R. 1430 W. STETSON AVENUE	t and title if applicable. (NOTE: R  D DIRECTORS	tegistered Agent 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS ADDRESS ADDRESS	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12  Addition  Addition	7.1000
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI DPST CRIMMINGS, GEORGE R. 1430 W. STETSON AVENUE	ions of, Section 607.0505, Florid t and title if applicable. (NOTE: R D DIRECTORS DELETE	la Statutes. legistered Agent 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S'	ADDRESS ADDRESS ADDRESS	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12  Addition  Addition	7.1000
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI DPST CRIMMINGS, GEORGE R. 1430 W. STETSON AVENUE	ions of, Section 607.0505, Florid t and title if applicable. (NOTE: R D DIRECTORS DELETE	tegistered Agent 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE	ADDRESS - ZIP - ADDRESS - T- ZIP	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12  Addition  Addition	7.1000
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI DPST CRIMMINGS, GEORGE R. 1430 W. STETSON AVENUE	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	togistered Agent 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2. 4 CITY-S' 3.1 TITLE 3.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12  Addition  Addition  Addition	× 10010
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI DPST CRIMMINGS, GEORGE R. 1430 W. STETSON AVENUE	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	Ida Statutes.  Registered Agent  13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S'	ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12  Addition  Addition  Addition	× 10010
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI DPST CRIMMINGS, GEORGE R. 1430 W. STETSON AVENUE	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	la Statutes.  logistered Agent 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S' 4.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12  Addition  Addition  Addition	× 10010
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI DPST CRIMMINGS, GEORGE R. 1430 W. STETSON AVENUE	ions of, Section 607.0505, Florid t and little if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	la Statutes.  Registered Agent 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 4.4 CITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12  Addition  Addition  Addition	× 10010
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI DPST CRIMMINGS, GEORGE R. 1430 W. STETSON AVENUE	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	la Statutes.  Registered Agent 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S' 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change	ORS IN 12  Addition  Addition  Addition	× 10010

6.4 CITY-ST-ZIP 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 changes, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CriMMINGS 1/25/99

☐ Change

Addition