

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

002815

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90044 027 ***150.00

DOCUMENT # L14583

1. Corporation Name AFFILIATED UTILITY SERVICES, INC.



Principal Place of Business: C/O JANIS L. HUNTER, P. O. BOX 1732, BUNNELL FL 32110-8732
Mailing Address: C/O JANIS L. HUNTER, P. O. BOX 1732, BUNNELL FL 32110-8732

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 09/11/1989

4. FEI Number: 59-2968985 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

9. Name and Address of Current Registered Agent: HUNTER, JANIS L., 4533 CANAL AVENUE, BUNNELL FL 32110

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 19071 SE 137th Terr, 83 Dunnellon, FL 34431, 84 City, 85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: *Janis L. Hunter* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SDT	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: HAIRELSON, COSKER, JR.		1.2 NAME:	
STREET ADDRESS: 4533 CANAL AVE		1.3 STREET ADDRESS: 19071 SE 137th Terr	
CITY-ST-ZIP: BUNNELL FL		1.4 CITY-ST-ZIP: Dunnellon, FL 34431	
TITLE: DP	<input type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: HUNTER, JANIS L.		2.2 NAME:	
STREET ADDRESS: 4533 CANAL AVE		2.3 STREET ADDRESS: 19071 SE 137th Terr	
CITY-ST-ZIP: BUNNELL FL		2.4 CITY-ST-ZIP: Dunnellon, FL 34431	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, with all other like empowered.

SIGNATURE: *Janis L. Hunter* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JANIS L. HUNTER, Pres. Date: 3/12/99 (904) 439-3235 Daytime Phone #

CR2E034 (11/98)