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FILED

Jun 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L60039 (9)
1. Corporation Name
JASMINE LAKES UTILITIES CORP.



Principal Place of Business Mailing Address
% JAMES DREHER
1518 U.S. HWY 19, SUITE C
HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/26/1990
4. FEI Number
59-3033779
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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 1817 US 19 26 1817 US 19
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Holiday, FL 27 Holiday, FL
City & State City & State
23 34691 28 34691
Zip Country Zip Country
24 25 P 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DREHER, JAMES
1519 U.S. HWY 19
SUITE C
HOLIDAY FL 34691

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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D ☐ DELETE 11 TITLE ☐ Change ☐ Addition
NAME DREHER, JAMES 12 NAME
STREET ADDRESS 3119 BLUFF BLVD. 13 STREET ADDRESS
CITY-ST-ZIP HOLIDAY FL 14 CITY-ST-ZIP
TITLE ☐ DELETE 21 TITLE ☐ Change ☐ Addition
NAME 22 NAME
STREET ADDRESS 23 STREET ADDRESS
CITY-ST-ZIP 24 CITY-ST-ZIP
TITLE ☐ DELETE 31 TITLE ☐ Change ☐ Addition
NAME 32 NAME
STREET ADDRESS 33 STREET ADDRESS
CITY-ST-ZIP 34 CITY-ST-ZIP
TITLE ☐ DELETE 41 TITLE ☐ Change ☐ Addition
NAME 42 NAME
STREET ADDRESS 43 STREET ADDRESS
CITY-ST-ZIP 44 CITY-ST-ZIP
TITLE ☐ DELETE 51 TITLE ☐ Change ☐ Addition
NAME 52 NAME
STREET ADDRESS 53 STREET ADDRESS
CITY-ST-ZIP 54 CITY-ST-ZIP
TITLE ☐ DELETE 61 TITLE ☐ Change ☐ Addition
NAME 62 NAME
STREET ADDRESS 63 STREET ADDRESS
CITY-ST-ZIP 64 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.

CR2E034 (1097)

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