

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90210 029 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999 	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L60039 ✓ 1. Corporation Name JASMINE LAKES UTILITIES CORP.	

Principal Place of Business 1817 US 19 HOLIDAY FL 34691	Mailing Address 1817 US 19 HOLIDAY FL 34691
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/26/1990		4. FEI Number 59-3033779		Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired ☐		8.75 Additional Fee Required			
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution ☐		5.00 May Be Added to Fees			
Zip 24		Country 25		Zip 29		Country 30		8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent DREHER, JAMES 1519 U.S. HWY 19 SUITE C HOLIDAY FL 34691				10. Name and Address of New Registered Agent 81 Name C.T. Corporation System 82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road 83 84 City Plantation FL 85 Zip Code 33324			
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 <i>Victor Alfano</i> VICTOR ALFANO ASSISTANT SECRETARY 7/12/99 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered agent signature required.) DATE							

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREHER, JAMES 3119 BLUFF BLVD. HOLIDAY FL ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Donald J. Clayton 11100 Brittmore Park Drive Houston, TX 77041 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P Donald J. Clayton Same as above ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP Edward R. Wallace Same as above ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VP-Secretary Carey Thomas Same as above ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

713-983-3000

Daytime Phone #

CR2E034 (11/98)