

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L96710 (3)

1. Corporation Name

SOUTHLAKE UTILITIES, INC.



Principal Place of Business

800 US HWY 27
CLERMONT FL 34711

Mailing Address

800 US HWY 27
CLERMONT FL 34711

3. Date Incorporated or Qualified 08/27/1990	3a. Date of Last Report 07/10/1995
4. FEI Number 59-3016047	Correct# is 59-3144120
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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAPMAN III, ROBERT
710 AVENIDA CUARTA
SUITE #204
CLERMONT FL 34711

81 Name Robert L. Chapman, III
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	DELET
NAME CHAPMAN, ROBERT L. III	
STREET ADDRESS 800 US HWY 27	
CITY-ST-ZIP CLERMONT FL	
TITLE D	DELET
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELET
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELET
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELET
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE D, P, VP, T, S	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE D, VP, T	☐ Change ☒ Addition
2.2 NAME Jeffrey Cagan	
2.3 STREET ADDRESS 3856 Oakton	
2.4 CITY-ST-ZIP Skokie, Illinois 60076	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)