

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -5 PM 2:09

DOCUMENT # M79675 (8)

1. Corporation Name

A. P. UTILITIES, INC.

Principal Place of Business

**3825 SE 45TH CT
STE. E
OCALA FL 34481
US**

Mailing Address

**3825 SE 45TH CT.
STE. E
OCALA FL 34481
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/03/1988

3a. Date of Last Report

07/07/1994

4. FEI Number

59-2890036

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 has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23. City & State

23 City & State

24. Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27. City & State

27 City & State

28. Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**WOODS, PHILIP D.
3825 SE 45TH CT
STE. E
OCALA 34481**

10. Name and Address of New Registered Agent

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 installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	WOODS, PHILIP	3225 SE 21ST AVE.	OCALA FL
T	WOODS, JOAN H	3225 SE 21ST AVE.	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
				☐	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐	☐
				☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐	☐
				☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐	☐
				☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐	☐
				☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	☐	☐
				☐	☐

SIGNATURE:

Signature and typed or printed name of signing officer or director

3/31/95 904624747