

5-5-97 B-6269 C  
 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
 May 05 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M83373 (4)  
 1. Corporation Name  
 STEEPLECHASE UTILITY COMPANY, INC.



Principal Place of Business  
 11053 S.E. 174TH LOOP  
 SUMMERFIELD FL 34491  
 US

Mailing Address  
 11053 S.E. 174TH LOOP  
 SUMMERFIELD FL 34491-8619  
 US

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

3. Date Incorporated or Qualified  
 06/01/1988

3a. Date of Last Report  
 01/30/1996

4. FEI Number  
 75-2264306

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

9. Name and Address of Current Registered Agent  
 ROBERTSON, HALL L JR.  
 11053 S.E. 174TH LOOP  
 SUMMERFIELD FL 34491

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOT! Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | V<br>HENSON, STEVE                | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 5757 S. LINDBERG                  | 1.2 NAME  |   |
| STREET ADDRESS             | ST. LOUIS MO                      | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | P<br>ROBERTSON, HALL L            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 11053 S.E. 174TH LOOP             | 2.2 NAME  |   |
| STREET ADDRESS             | SUMMERFIELD FL                    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | ST<br>MACGUIRE, RAYMOND           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 28 S. PENNSYLVANIA AVE., SUITE #1 | 3.2 NAME  |   |
| STREET ADDRESS             | ATLANTIC CITY NJ                  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | AS<br>SCHUETZ, DONNA              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 11053 S.E. 174TH LOOP             | 4.2 NAME  |   |
| STREET ADDRESS             | SUMMERFIELD FL                    | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D<br>LINEBERRY, CHARLES           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 811 CENTRAL AVE., SUITE #1        | 5.2 NAME  |   |
| STREET ADDRESS             | CHARLOTTE NC                      | 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                                       |   |

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| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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 (9/96)

Blunt P i A 4/26/97