FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 17 AM 8:25

TALLAHASSEE FLORIDA

DOCUMENT # N08157 (2)

1. Corporation Name

CHERRY LAKE UTILITIES CORPORATION

Principal Place of Business	Mailing Address
RT 3, BOX 360 MADISON FL 32340	RT 3, BOX 360 MADISON FL 32340

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1985
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-0563580 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

HARDEE, CARY A.
901 WEST BASE STREET
MADISON FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

900001435909
-03/22/95 FL 1022 95 Zip Code 002
*****68.75 *****155.00

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	PD	11 TITLE	D ☐ Change ☐ Addition
NAME	PEARSON, NORMAN	12 NAME	Jewell, Rufus
STREET ADDRESS	ROUTE 3, BOX 1040	13 STREET ADDRESS	Rt. 3 Box 885
CITY-ST-ZIP	MADISON FL 32340	14 CITY-ST-ZIP	Madison, Fl. 32340
TITLE	~~VPD~~ R.D	21 TITLE	P.D. ☐ Change ☐ Addition
NAME	WILSON, LORINDA	22 NAME	Wilson, Lorinda
STREET ADDRESS	ROUTE 3 BOX 370 N/A	23 STREET ADDRESS	Route 3 Box 370
CITY-ST-ZIP	MADISON FL	24 CITY-ST-ZIP	Madison, Fl. 32340
TITLE	ST	31 TITLE	ST ☐ Change ☐ Addition
NAME	BIERNACKI, ROSE MARIE	32 NAME	Biernacki, Rose Marie
STREET ADDRESS	ROUTE 3 BOX 435	33 STREET ADDRESS	Route 3 Box 345
CITY-ST-ZIP	MADISON FL 32340	34 CITY ST ZIP	Madison, Fl. 32340
TITLE	D	41 TITLE	D ☐ Change ☐ Addition
NAME	ROBERTS, CHARLES	42 NAME	Fletcher, Jeff
STREET ADDRESS	P. O. BOX 334	43 STREET ADDRESS	Route 3 Box 498
CITY-ST-ZIP	QUITMAN GA	44 CITY ST ZIP	Madison, Fl. 32340
TITLE	D	51 TITLE	VPD ☐ Change ☐ Addition
NAME	HAWKINS, MELANIE	52 NAME	Adams, James
STREET ADDRESS	ROUTE 3, BOX 166	53 STREET ADDRESS	Rt. 3 Box 718
CITY-ST-ZIP	MADISON FL	54 CITY ST ZIP	Madison, Fl. 32340
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	HARNAGE, CHARLES	62 NAME	Burr, Cliford
STREET ADDRESS	ROUTE 3, BOX 545	63 STREET ADDRESS	Rt.3 Box 390
CITY-ST-ZIP	MADISON FL	64 CITY ST ZIP	Madison, Fl. 32340

T.S. 3/17/95

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James J. Adams — 3-14-95 — 929-4384
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone Number
James J. Adams

0026084