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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08157

1. Corporation Name

CHERRY LAKE UTILITIES CORPORATION

Principal Place of Business

RT 3, BOX 360
MADISON FL 32340

Mailing Address

RT 3, BOX 360
MADISON FL 32340



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/14/1985

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

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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE **D** ☐ DELETE
NAME **PRIMM, GAYLE**
STREET ADDRESS **RT 3, BOX 850**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **D** ☐ DELETE
NAME **CARROLL, MIKE**
STREET ADDRESS **RT. 3, BOX 815**
CITY-ST-ZIP **MADISON FL**

TITLE **ST** ☒ DELETE
NAME **BIERNACKI, ROSE MARIE**
STREET ADDRESS **ROUTE 3 BOX 345**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **D** ☐ DELETE
NAME **FLETCHER, JEFF**
STREET ADDRESS **RT. 3 BOX 498**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **VPD** ☒ DELETE
NAME **ADAMS, JAMES**
STREET ADDRESS **ROUTE 3, BOX 718**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **D** ☒ DELETE
NAME **WILSON, SALLY**
STREET ADDRESS **RT 3 BOX 460**
CITY-ST-ZIP **MADISON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **V/D** ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **ST** ☐ Change ☒ Addition
3.2 NAME **VERONICA L. FINE**
3.3 STREET ADDRESS **RT. 1, BOX 292-A**
3.4 CITY-ST-ZIP **PINETTA, FL 32350**

4.1 TITLE **C/D/P** ☒ 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 **D** ☐ Change ☒ Addition
6.2 NAME **BRUCE MATHIS**
6.3 STREET ADDRESS **RT. 1, BOX 272**
6.4 CITY-ST-ZIP **PINETTA, FL 32350**

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/11/99

850-929-4620

CR2E037 (1/98)