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 APR 17 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15514** **(5)**

1. Corporation Name

INDIAN LAKE UTILITIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 7278 INDIAN LAKE ESTATES FL 33855-7278	P.O. BOX 7278 INDIAN LAKE ESTATES FL 33855-7278

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/19/1986**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **59-2740628** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WOLF, JAMES P.
19 N LANTANA DRIVE
INDIAN LAKE ESTATES FL 33855

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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	11 TITLE	☐ Change ☐ Addition
NAME	WOLF, JAMES	12 NAME	
STREET ADDRESS	19 NORTH LANTANA DR.	13 STREET ADDRESS	
CITY-ST-ZIP	INDIAN LAKE EST. FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	HUMMEL, HARLAN E	22 NAME	VD
STREET ADDRESS	17 ALBA DRIVE	23 STREET ADDRESS	AMBUEHL, HAROLD
CITY-ST-ZIP	INDIAN LAKE EST. FL	24 CITY-ST-ZIP	4 VALENCIA DR.-Box 7485
TITLE	VD	31 TITLE	INDIAN LAKE ESTS., FL. 33855 ☒ Change ☐ Addition
NAME	SARGENT, GERALD	32 NAME	vd
STREET ADDRESS	15 POINCIANA DRIVE	33 STREET ADDRESS	BEAGLE, THEODORE
CITY-ST-ZIP	INDIAN LAKE EST FL	34 CITY-ST-ZIP	424 PLUMOSA DRIVE
TITLE	TD	41 TITLE	INDIAN LAKE ESTS., FL. 33855 ☐ Change ☐ Addition
NAME	MILLER, GEORGE	42 NAME	
STREET ADDRESS	118 ALLAMANDA DR	43 STREET ADDRESS	
CITY-ST-ZIP	INDIAN LAKE EST. FL	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	SEEGER, EARL, J, JR	52 NAME	
STREET ADDRESS	52 RED GRANGE BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	INDIAN LAKE EST FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	Consultant ☐ Change ☒ Addition
NAME		62 NAME	JACKSON, GEORGE
STREET ADDRESS		63 STREET ADDRESS	93 RED GRANGE BLVD.
CITY-ST-ZIP		64 CITY-ST-ZIP	INDIAN LAKE ESTS., FL. 33855

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 P. Wolf JAMES P. WOLF APRIL 12, 1995 813-692-1244
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

006881