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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 # N93000003415

1. Corporation Name

TAYLOR COASTAL UTILITIES, INC.

Principal Place of Business

RT 2 BOX 203
SANDPIPER ROAD
PERRY FL 32347
US

Mailing Address

P.O. BOX 73
PERRY FL 32348
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/29/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3192651	
24 Country		29 Country		30 Country	
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9. Name and Address of Current Registered Agent

MEISSNER, ROBERT W P.E.
RT 2 BOX 203
SANDPIPER ROAD, CEDAR ISLAND
PERRY FL 32347

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BEACH, TRAVIS	1.2 NAME	
STREET ADDRESS	RT 2 BOX 131	1.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	MOODY, JIM	2.2 NAME	
STREET ADDRESS	RT 2, BOX 18	2.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MURPHY, LARRY	3.2 NAME	
STREET ADDRESS	RT 2 BOX 165E	3.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	TOWLES, BETTY	4.2 NAME	
STREET ADDRESS	RT 2 BOX 244A	4.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	
NAME	BOLLINGER, BOB	5.2 NAME	
STREET ADDRESS	RT 2, BOX 237	5.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	MCKINNEY, MIKE	6.2 NAME	
STREET ADDRESS	P O BOX 1428 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32348	6.4 CITY-ST-ZIP	

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-584-3-29-99 5087x157