

**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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY -1 PM 1:19

**DOCUMENT # N94000000466 (2)**

1. Corporation Name

**SOUTHWEST FLORIDA UTILITY CONTRACTORS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 60887  
FORT MYERS FL 33906

P.O. BOX 60887  
FORT MYERS FL 33906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/31/1994** 3a. Date of Last Report

4. FEI Number **65-0515643** 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 **P. O. Box 60887**

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Ft. Myers, FL**

28

Zip

Country

Zip

Country

24 **33906**

25 **USA**

29

30

9. Name and Address of Current Registered Agent

**BUBAR, DENNIS H  
4600 CUMINS COURT  
FORT MYERS FL 33905**

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>President</b>
NAME	<b>Brian Penner</b>
STREET ADDRESS	<b>6001 Shirley Street</b>
CITY - ST - ZIP	<b>Naples, FL 33942</b>
TITLE	<b>Vice President</b>
NAME	<b>Keith Dean</b>
STREET ADDRESS	<b>11260 State Road 80</b>
CITY - ST - ZIP	<b>Ft. Myers, FL 33905</b>
TITLE	<b>Secretary</b>
NAME	<b>Kathi Simon</b>
STREET ADDRESS	<b>2201 Treehaven Circle</b>
CITY - ST - ZIP	<b>Ft. Myers, FL 33907</b>
TITLE	<b>Treasurer</b>
NAME	<b>Gerald Haas</b>
STREET ADDRESS	<b>6515 Plantation Pines Blvd</b>
CITY - ST - ZIP	<b>Ft. Myers, FL 33916</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Richard Cowart</b>	
1.3 STREET ADDRESS	<b>16341 Old U.S.</b>	
1.4 CITY - ST - ZIP	<b>Ft. Myers, FL 33912</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Christopher Stewart</b>	
2.3 STREET ADDRESS	<b>5661 Division Drive</b>	
2.4 CITY - ST - ZIP	<b>Fort Myers, FL 33905</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Richard Wendorf</b>	
3.3 STREET ADDRESS	<b>6475 Golf Course Blvd</b>	
3.4 CITY - ST - ZIP	<b>Punta Corda, FL 33982</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

*EMPLOYED BY NEW WAY 1*

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)(k), 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: *Donna M. Thomas* **Donna M. Thomas**

**4/28/95**

**(813)995-7833**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime / Home #

**Executive Director**