

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000466 (2)

1. Corporation Name

**SOUTHWEST FLORIDA UTILITY CONTRACTORS ASSOCIATIO
N, INC.**



Principal Place of Business

P.O. BOX 60687
FORT MYERS FL 33906
US

Mailing Address

P.O. BOX 60687
FORT MYERS FL 33906

3. Date Incorporated or Qualified
01/31/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0515643

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
Fred Russell
82 Street Address (P.O. Box Number is Not Acceptable)
5685 Youngquist Road
83 **Fort Myers, FL 33912**
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

4/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	PENNER, BRIAN	
STREET ADDRESS	6001 SHIRLEY STREET	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DEAN, KEITH	
STREET ADDRESS	11260 STATE RD 80	
CITY-ST-ZIP	FT MYERS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SIMON, KATHI	
STREET ADDRESS	2201 TREEHEAVEN CIRCLE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAAS, GERALD	
STREET ADDRESS	6515 PLANTATION PINES BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COWART, RICHARD	
STREET ADDRESS	16341 OLD U.S.	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEWART, CHRISTOPHER	
STREET ADDRESS	5661 DIVISION DR	
CITY-ST-ZIP	FORT MYERS FL	

1.1 TITLE	Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Fred Russell	
3.3 STREET ADDRESS	5685 Youngquist Road	
3.4 CITY-ST-ZIP	Fort Myers, FL 33912	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Bubar	
4.3 STREET ADDRESS	4600 Cummins Court	
4.4 CITY-ST-ZIP	Ft. Myers, FL 33905	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

DATE

941/995-7833

DAYTIME PHONE #

CR2E037 (12/95)