

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000466 (2)
1. Corporation Name
SOUTHWEST FLORIDA UTILITY CONTRACTORS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 60887 FORT MYERS FL 33906 US	Mailing Address P.O. BOX 60887 FORT MYERS FL 33906-6887
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/31/1994	3a. Date of Last Report 04/24/1996
21	26	4. FEI Number 65-0515643	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUSSELL, FRED 5885 YOUNGQUIST ROAD FT MYERS FL 33912		81. Name Keith Dean	
		82. Street Address (P.O. Box Number is Not Acceptable) 11260 State Road 80	
		83.	
		84. City Fort Myers	85. Zip Code FL 33905

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]* DATE: **2/20/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNER, BRIAN	1.2 NAME	Keith Dean
STREET ADDRESS	6001 SHIRLEY STREET	1.3 STREET ADDRESS	11260 State Road 80
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Ft Myers, FL 33905
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, KEITH	2.2 NAME	Brian Penner
STREET ADDRESS	11260 STATE RD 80	2.3 STREET ADDRESS	6001 Shirley Street
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	Naples, FL 33942
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, FRED	3.2 NAME	Robert Bubar
STREET ADDRESS	5885 YOUNGQUIST ROAD	3.3 STREET ADDRESS	4200 Cummins Cout
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	Ft Myers, FL 33905
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAAS, GERALD	4.2 NAME	Robert D. Meadows
STREET ADDRESS	6515 PLANTATION PINES BLVD	4.3 STREET ADDRESS	6115 Idlewild Street, S.E.
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	Ft Myers, FL 33912
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWART, RICHARD	5.2 NAME	
STREET ADDRESS	16341 OLD U.S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, CHRISTOPHER	6.2 NAME	
STREET ADDRESS	5861 DIVISION DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)