

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N94000000466 (2)**  
 1. Corporation Name  
**SOUTHWEST FLORIDA UTILITY CONTRACTORS ASSOCIATIO  
 N, INC.**

Principal Place of Business <b>P.O. BOX 00867 FORT MYERS FL 33906 US</b>	Mailing Address <b>P.O. BOX 00867 FORT MYERS FL 33906</b>
---	--

3. Date Incorporated or Qualified  
**01/31/1994**

4. FEI Number  
**65-0515643**

Applied For  
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**DEAN, KEITH  
 11260 STATE RD 80  
 FT MYERS FL 33905**

10. Name and Address of New Registered Agent

81 Name **Robert Keiling**

82 Street Address (P.O. Box Number is Not Acceptable)  
**221 SE 4th Terrace**

83

84 City **Cape Coral** **FL** 85 Zip Code **33990**

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 **16 April 98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>STURTZ, ERNEST</b> <b>3718 WICKLOW CIR</b> <b>TALLAHASSEE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> DELETE <b>DEAN, KEITH</b> <b>11260 STATE RD 80</b> <b>FT MYERS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>BUBAR, ROBERT</b> <b>4200 CUMMINS COUT</b> <b>FT MYERS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> DELETE <b>HAAS, GERALD</b> <b>6515 PLANTATION PINES BLVD</b> <b>FT MYERS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> DELETE <b>MEADOWS, ROBERT D</b> <b>6115 IDLEWILD ST SE</b> <b>FT MYERS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>STEWART, CHRISTOPHER</b> <b>5661 DIVISION DR</b> <b>FORT MYERS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Robert Keiling</b> <b>221 SE 4th Terrace</b> <b>Cape Coral, FL 33990</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Keith Dean</b> <b>11260 Palm Beach Boulevard</b> <b>Fort Myers, FL 33905</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Brian Penner</b> <b>6001 Shirley Street</b> <b>Naples, FL 34109</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* **4/27/98** (94) 728-

CR2E037 (10/97)