


FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90001 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000466

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 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. P.O. Box 50010 City & State 23 FORT MYERS, FLORIDA Zip Country 24 33994 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. P.O. Box 50010 City & State 28 FORT MYERS, FLORIDA Zip Country 29 33994 30 USA	3. Date Incorporated or Qualified 01/31/1994	4. FEI Number 65-0515643 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent KEILING, ROBERT 221 SE 4TH TERRACE CAPE CORAL FL 33990	10. Name and Address of New Registered Agent 81 Name ROBERT BUBAR 82 Street Address (P.O. Box Number is Not Acceptable) 4600 CUMMINS COURT 83 84 City FORT MYERS FL 85 Zip Code 33905
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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 *Robert A. Keiling* DATE 3/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME KEILING, ROBERT STREET ADDRESS 221 SE 4TH TERR CITY-ST-ZIP CAPE CORAL FL 33990	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT 1.2 NAME ROBERT BUBAR 1.3 STREET ADDRESS 4600 CUMMINS COURT 1.4 CITY-ST-ZIP FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DEAN, KEITH STREET ADDRESS 11260 PALM BEACH BLVD CITY-ST-ZIP FT MYERS FL 33905	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BUBAR, ROBERT STREET ADDRESS 4200 CUMMINS COUT CITY-ST-ZIP FT MYERS FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME HAAS, GERALD STREET ADDRESS 6515 PLANTATION PINES BLVD CITY-ST-ZIP FT MYERS FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TREASURER 4.2 NAME JIM COOK 4.3 STREET ADDRESS 4720 LAREDO AVENUE 4.4 CITY-ST-ZIP FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PENNER, BRIAN STREET ADDRESS 6001 SHIRLEY ST CITY-ST-ZIP NAPLES FL 34109	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STEWART, CHRISTOPHER STREET ADDRESS 5661 DIVISION DR CITY-ST-ZIP FORT MYERS FL	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3/1/99 DAYTIME PHONE #: 941-728-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)