

N960000/515



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 20, 1996

KNIGHT ISLAND UTILITIES, INC.
P.O. BOX 1798
CAPE HAZE, FL 33946

SUBJECT: KNIGHT ISLAND UTILITIES, INC.

This letter will confirm that due to a clerical error the above referenced corporation was incorrectly filed as a PROFIT corporation. Please be advised, we have corrected our records to reflect this corporation as a NONPROFIT corporation and assigned new document number N96000001515 with the original file date of November 30, 1981.

Any annual reports submitted this office should reflect the new document number.

We sincerely apologize for any inconvenience this error may have caused you.

Should you have any questions please feel free to contact this office at the address indicated below.

Sincerely,
Sharon Tala
Document Specialist Supervisor
New Filings Section

Letter number: 896A00012714

N96000001515

Telephone
904-222-0171

CORPORATION INFORMATION SERVICES, INC.
P.O. Box 10320, Tallahassee, Florida 32302

Toll Free in Florida
1-800-342-8080

REQUEST AND REPORT FORM

RE: Enight Inland Cellulose, Inc.

- ☐ UCC Search
- ☐ UCC Search and Copies
- ☐ UCC Filing
- ☐ UCC-Certificate under Seal
- ☐ UCC-Certified Copy
- ☐ UCC-Copies Only

CORPORATIONS:

- ☒ Domestic
- ☐ Foreign
- ☒ Profit
- ☐ Non-Profit

- ☐ Reservation
- ☐ Limited Partnership
- ☐ Amendment
- ☐ Dissolution
- ☐ Reinstatement
- ☐ Annual Report
- ☐ Certificate under Seal
- ☐ Certificate of Goodstanding
- ☐ Search
- ☐ Merger
- ☒ Mark
- ☐ Certified Copy
- ☐ Availability
- ☐ Motor Vehicle

SPECIAL REMARKS:

Articles Filed Under
60041 (UCC) and 60042 (UCC)
from 12/11/80 to 12/11/80

D. TAX _____
FILING _____
C. COPY _____
R. AGENT _____
TOTAL _____
BALANCE _____
REFUND _____

SUBSCRIBER:

628

Mr. & Mrs. [Name] at I
Harbor Pl Suite 204
C 11193

LE 112 11193

11-30-81 Complete

Time _____ Date _____

CIS Service _____

Disbursement Status, etc.

TOTAL DUE _____

11/30/81

12/2/81

W.P. Verdyer

N96000001515

WOTITZKY, WOTITZKY, MANDRILL, BATTEL & WILKINS
ATTORNEYS AT LAW

THE PROFESSIONAL CENTER, SUITE 501
201 WEST MARION AVENUE

PUNTA GORDA, FLORIDA 33950

TELE 838-8111

CHARLOTTE FEDERAL PLAZA
SUITE 2100
2015 HANDETH BOULEVARD, N.W.
PORT CHARLOTTE, FLORIDA 33692

TELE 838-8111

November 24, 1981

PLEASE REPLY TO:
Port Charlotte Office

LEO WOTITZKY
FRANK WOTITZKY
ROBERT A. MANDRILL
C. GUY BATTEL
DARYL L. WILKINS
W. CONN. FROHLICH
PHILIP J. JONES
HELENA JONES
EDWARD L. WOTITZKY
MICHAEL H. MANDRILL

Secretary of State
The Capitol
Tallahassee, Florida 32304

Attention: Corporate Division

Re: Incorporation of KNIGHT ISLAND UTILITIES, INC.

Dear Sir:

Enclosed please find original and copy of the Articles of Incorporation of the above-referenced corporation, Designation of Registered Agent and Registered Office and our firm's check in the sum of \$63.00 for filing fee and certified copy fee.

I would appreciate your returning to this office the Certificate of Incorporation, certified copy of Articles and receipt as soon as possible.

If you have any questions, please feel free to call me.

Very truly yours,


C. Guy Batzel

CCB/nfn
Enclosures

ARTICLES OF INCORPORATION
OF

KNIGHT ISLAND UTILITIES, INC.

FILED
MAR 30 1 22 PM '81
CLERK OF STATE
TALLAHASSEE, FLORIDA

N96000001515

The undersigned join together to form a corporation not for profit authorized by Florida Statute Chapter 617, Part 1 (1981), pursuant to these Articles of Incorporation.

ARTICLE I. The name of this corporation is KNIGHT ISLAND UTILITIES, INC.

ARTICLE II. The purposes for which this corporation is formed are the following:

A. To exercise all of the corporate powers from time to time granted to corporations not for profit under the laws of the State of Florida.

B. Without limiting the generality of the preceding paragraph, to provide exclusively to its members sewer, water and any and all other utility services; to build or purchase or receive as a gift, such treatment plants, collection and distribution facilities, and easements for installing and maintaining the same.

ARTICLE III. Membership in this corporation shall be limited to persons, firms and corporations, or associations representing persons, firms or corporations, holding or owning an interest in lands situate in Charlotte County, Florida, described as follows:

TRACT 1

U.S. Government Lots 2 and 5, Section 29, Township 41 South, Range 20 East.

TRACT 2

Begin at the Southwest corner of U.S. Government Lot 5, Section 29, Township 41 South, Range 20 East, Charlotte County, Florida, as said Lot 5 is described in the original 1895 survey of Elisha B. Camp; Thence Northerly along the Westerly boundary of said Lot 5, and also Northerly along the Westerly boundary of U.S. Government Lot 2, in said Section 29, as the Westerly boundaries of said Lots 5 and 2 are described in said original 1895 survey, to the Northern point of said Lot 2, as said Northern point is described in said original 1895 survey; Thence north to a point on the North line of said Section 29; Thence West along said North line of said Section 29 to the Southeast corner of the SW $\frac{1}{4}$ of the SW $\frac{1}{4}$ of Section 20, Township 41 South, Range 20 East, Charlotte County, Florida; Thence North

along the East line of said SW $\frac{1}{4}$ of the SW $\frac{1}{4}$ of said Section 20 to the waters of Old Knights Pass; Thence Northwesterly along the Westerly water line of Old Knights Pass to the North line of said SW $\frac{1}{4}$ of the SW $\frac{1}{4}$ of said Section 20; Thence West along the North line of said SW $\frac{1}{4}$ of the SW $\frac{1}{4}$ to the Northwest corner of said SW $\frac{1}{4}$ of the SW $\frac{1}{4}$ of said Section 20; Thence North along the West line of the NW $\frac{1}{4}$ of the SW $\frac{1}{4}$ of Section 20 to the waters of an open lagoon; Then Northerly along the Western water line of said open lagoon in Section 19, Township 41 South, Range 20 East, Charlotte County, Florida, to Stump Pass; Thence Westerly along the Southerly water line of Stump Pass to the Gulf of Mexico; Thence Southerly along the Gulf of Mexico in said Sections 19, 20 and 29 to a point on the South line of the North $\frac{1}{2}$ of said Section 29; Thence East along the South line of the North $\frac{1}{2}$ of said Section 29 to the Point of Beginning; A part of Section 29, Township 41 South, Range 20 East, Charlotte County, Florida, that part being more particularly described as follows:

Beginning at the most Easterly corner of Lot 30, Block A, PALM ISLAND ESTATES, Unit 1, recorded in Plat Book 3 at Pages 59A, 59B and 59C, Public Records of Charlotte County, Florida; Thence Northerly and Westerly along the Northeastly boundary of said Lot 30, Block A, on a curve whose radius is 100.00 feet, Delta Angle is 90°00' an Arc distance of 157.08 feet to a point on the Southerly line of a 5 foot private walk easement; Thence North 29°22' West, 5.0 feet; Thence South 60°38' West along the Northerly line of said easement 530 feet Deed (563 feet measured), more or less to the waters of the Gulf of Mexico; Thence Northwesterly along said waters 490 feet Deed (435 feet measured), more or less to the intersection with the $\frac{1}{2}$ section line in Section 29; Thence South 87°58'30" East, along said $\frac{1}{2}$ line, 546 feet Deed (884 feet measured), more or less to the intersection with the Easterly right of way of Gulf Boulevard extended (66 foot right-of-way); Thence South 60°38' West, 66.00 feet; Thence S 29°22' East, 105.00 feet to the Point of Beginning and those parts of Section 20, Township 41 South, Range 20 East, in said County and State described as:

Parcel 1: Begin at the Southwest corner of SE $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 20, Township 41 South, Range 20 East, thence run East along the South line of said Section 20, 610 feet, more or less, to the waters of Old Knights Pass; thence Northwesterly along the Westerly line of Old Knights Pass to the West line of the SE $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 20, Township 41 South, Range 20 East; thence South 903.00 feet, more or less, to the Point of Beginning; all being in SE $\frac{1}{4}$ of SW $\frac{1}{4}$ of Section 20, Township 41 South, Range 20 East, and being an accretion to U.S. Government Lot 5 of said Section 20.

Parcel 2: That part of the South 500 feet of the NW $\frac{1}{4}$ of the SW $\frac{1}{4}$ of Section 20 lying Southwesterly of the Southwesterly shore line of Old Knights Pass.

A tract or parcel of land lying in Palm Island Beach as shown on plat recorded in Plat Book 15, Page 10, Charlotte County Records and in Government Lot 5, Section 29, Township 41 South, Range 20 East, Palm Island, Charlotte County, Florida, which tract or parcel is described as follows:

Beginning at the easterly most corner of Lot 1 of said Palm Island Beach Subdivision run S 29°25'53" E along

the line common to Gulf Boulevard as shown on said plat and Lot 30, Palm Island Estates Unit No. 1 (Plat Book 1, Page 59, Charlotte County Records) for 5 feet; thence run northeasterly, easterly and southeasterly along said common line along the arc of a curve to the right of radius 100 feet (chord bearing S 74°25'53" E) for 157.08 feet to a point of tangency on the southwesterly line of said Gulf Boulevard as shown on said plat of Palm Island Estates Unit No. 1; thence run N 29°25'53" W along said southwesterly line as shown on said plat for 105 feet; thence run N 60°34'07" E along the northwesterly end of said Gulf Boulevard as shown on said plat for 66 feet to a concrete monument on the southerly line of said Government Lot 5; thence run N 89°58'54" E along said southerly line for 67.17 feet to a concrete post; thence run N 33°22'35" E, parallel with the State of Florida Department of Natural Resources Coastal Construction Set-back Line, for 633.07 feet to a concrete post; thence run S 60°34'07" W, parallel with the southeasterly line of said Palm Island Beach, for 600 feet more or less to the approximate Mean High Tide Line of the Gulf of Mexico, passing through a concrete post on said Set-back Line at 427 feet along said line; thence run southerly along said Mean High Tide Line for 630 feet more or less to an intersection with the line bearing S 60°34'07" W and passing through the Point of Beginning; thence run N 60°34'07" E along said line and the northwesterly line of a private walkway easement 5 feet wide for 390 feet more or less to the Point of Beginning, passing through a concrete post on said Set-back Line at 204.79 feet from said Point of Beginning. Containing 8.4 acres more or less.

Provided, however, that no person, firm or corporation shall be a member when it owns or holds an interest in the above-described lands merely as security for the performance of an obligation.

ARTICLE IV. This corporation shall have perpetual existence.

ARTICLE V. The names and post office addresses of the subscribers to these Articles of Incorporation are as follows:

<u>NAME</u>	<u>ADDRESS</u>
NANCY L. ELLIOTT	Suite 204, 590 Harbor Blvd. Port Charlotte, Florida 33952
NANCY F. NORKEVECK	Suite 204, 590 Harbor Boulevard Port Charlotte, Florida 33952
SUSAN J. MENZER	Suite 204, 590 Harbor Boulevard Port Charlotte, Florida 33952

ARTICLE VI. The officers shall be a president, a vice president, a secretary, an assistant secretary, a treasurer and such other officers as may from time to time be provided in the bylaws. The officers will be appointed by and hold office at the pleasure of the Board of Directors. The president, vice president and secretary shall be members of the board of directors.

ARTICLE VII. The officers who are to serve until the first appointments under these Articles of Incorporation are as follows:

RICHARD WILLIAMS	President
BILLY C. CHRISTENSON	Vice President
JAMES R. BOYER	Secretary/Treasurer
C. GUY BATSEL	Assistant Secretary

ARTICLE VIII. The affairs of the corporation shall be managed by a Board of Directors of not fewer than three nor more than nine members who need not be members of the corporation. The persons shall comprise the first board of directors and shall serve until the first election hereunder.

The names and addresses of the persons who are to serve as directors until the first election of directors are:

<u>NAME</u>	<u>ADDRESS</u>
RICHARD WILLIAMS	3935 N. Washington Blvd. Sarasota, FL 34530
BILLY CHRISTENSON	Lone Tree Farm Road New Canaan, Connecticut 06840
JAMES R. BOYER	P. O. Box 2201 Sarasota, FL 34575

ARTICLE IX. The bylaws may be made, altered, amended or rescinded by vote of two-thirds of the members of the Board of Directors.

ARTICLE X. These Articles of Incorporation may be amended by vote of two-thirds of the members attending any regular or special meeting called for that purpose.

ARTICLE XI. In the event of dissolution of the corporation, the assets shall be dedicated to an appropriate public agency or governmentally owned public utility. If such dedication is refused, the assets shall be conveyed to any non-profit corporation or other organization devoted as nearly as possible to the same purposes as this corporation.

ARTICLE XII. The street address of the initial registered office of this corporation shall be Suite 204, 590 Harbor Boulevard, Port Charlotte, Florida. The name of the initial registered agent at such address is C. GUY BATSEL.

IN WITNESS WHEREOF, the undersigned hereunto set their
Page 4

hands and reads this 24th day of November, 1981.

Witness

[Signature]

Nancy L. Elliott

[Signature]

Nancy F. Norkeveck

[Signature]

Susan J. Menzer

[Signature] (SEAL)
Nancy L. Elliott

[Signature] (SEAL)
Nancy F. Norkeveck

[Signature] (SEAL)
Susan J. Menzer

STATE OF FLORIDA;
COUNTY OF CHARLOTTE;

BEFORE ME, the undersigned officer, personally appeared NANCY L. ELLIOTT, NANCY F. NORKEVECK and SUSAN J. MENZER, and they acknowledged before me that they executed the foregoing Articles of Incorporation freely and voluntarily for the purposes therein mentioned.

Subscribed and sworn to before me at Port Charlotte, State and County aforesaid, this 24th day of November, 1981.

[Signature]
Notary Public.

My commission expires: _____
Notary Public, State of Florida
My Commission Expires Feb. 3, 1983

CERTIFICATE DESIGNATING A REGISTERED AGENT AND REGISTERED OFFICE
FOR THE SERVICE OF PROCESS

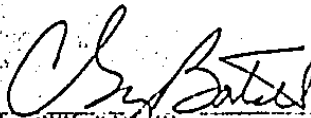
In compliance with Section 48.091, Florida Statutes,
the following is submitted:

KNIGHT ISLAND UTILITIES, INC., desiring to organize
under the laws of the State of Florida with its principal office,
as indicated in the Articles of Incorporation, has designated C.
GUY BATSEL, whose street address is 590 Harbor Boulevard - Suite
201, Port Charlotte, County of Charlotte, State of Florida, as
its agent to accept service of process within this state.

KNIGHT ISLAND UTILITIES, INC.

ACCEPTANCE

Having been designated as agent to accept service of
process for the above-named corporation, at the place stated in
this certificate, I hereby agree to act in this capacity and to
comply with the provision of said law relative to same.


C. GUY BATSEL

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1982



George F. Watson
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

MAY 12 10 16 AM '82

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office N96000001515 KNIGHT ISLAND UTILITIES, INC. C/O C. GUY BATSEL 590 HARBOR BOULEVARD, SUITE 204 PT. CHARLOTTE, FL		2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient Street Address P.O. Box No. City State Zip Code	
3 Date Incorporated or Qualified To Do Business in Florida 11/30/1981		4 Federal Employer Identification Number (FEIN) N/A.	
5 Date of Last Report			
6 Names and Street Addresses of Each Officer and Director			
Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
WILLIAMS, RICHARD	P/D	3935 N. WASHINGTON BLVD.	SARASOTA, FL
CHRISTENSON, BILLY	V/D	LONE TREE FARM RD	NEW CANAAN, CT
BOYER, JAMES R.	S/T/D	209 S. PALM AVE.	SARASOTA, FL
		2464 5/11/82	56392
		008 2	10.JJ 09
7 Name and Address of Current Registered Agent			
BATSEL, C. GUY 590 HARBOR BOULEVARD, SUITE 204 PT. CHARLOTTE, FL		8 Name and Address of New Registered Agent Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code R.M. 5/12	
9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____ SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) \$3.00 additional fee required for Registered Agent changes.			
10. See signature restrictions under instructions on reverse side of this form.			
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. (with the Certainty That I Understand and My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.)			
Signature Richard Williams		Date 5/25/82	
Typed Name of Signing Officer Richard Williams		Telephone Number 355-9611	

CONFIDENTIAL

N9600000/515

The RESIGNATION OF REGISTERED AGENT is returned for the following reason(s):

~~1~~ \$3.00 filing fee not received. H607.361(4)
By Directive of the Auditor General, State of Florida,
all fees must be paid at the time of filing any docu-
ment with the Division of Corporations. Please attach
your check for \$3.00, payable to the Department of
State, and resubmit the Resignation for filing.

Procedures pursuant to H607.037(3) Florida Statutes
not followed:

"Any registered agent of a corporation may resign
as such agent by filing with the Department of
State a written notice thereof and mailing a
copy of such notice to the corporation at its
last known address. The appointment of such
agent shall terminate upon the expiration of 30
days after receipt of such notice by the Depart-
ment of State."

~~2~~ Other:

Please contact this office if you have any further questions
or desire assistance.

Sincerely yours

D. W. McKinnon
D. W. McKinnon, Director
Division of Corporations

ENCLOSURE

005 6607 12/10/82

005 6607 12/10/82

3.00 3
3.00 TL

Division of Corporations • P.O. Box 6327 • Tallahassee, Florida 32301

FLORIDA State of the Arts

WOTITZKY, WOTITZKY, MANDELL, BAIHEL & WILKINS
ATTORNEYS AT LAW

THE PROFESSIONAL CENTER, SUITE 504
201 WEST MARION AVENUE
JUNTA (JUNTA), FLORIDA 33901
(813) 481-2121

LEO WOTITZKY
FRANK WOTITZKY
ROBERT A. MANDELL
C. GUY BAIHEL
GARY L. WILKINS
W. CONN. FRIEDMAN
PHILIP J. JONES
MELISSA JONES
MICHAEL H. MERINLEY
EDWARD L. WOTITZKY

November 17, 1982

CHARLOTTE, N.C. 28202
SUITE 200
201 HANCOCK SQUARE, N.W.
PORT CHARLOTTE, FLORIDA 33901
(813) 481-2121

PLEASE NAME TO
Port Charlotte

Bureau of Corporate Records
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, Florida 32301

Re: Knight Island Utilities, Inc.

Dear Sir:

Enclosed please find my resignation as resident agent
of the above referenced corporation.

Very truly yours,

C. Guy Baisel
C. Guy Baisel

CGB/ed

Certified Mail
Return Receipt Requested

P35 4387260

WRITTEN NOTICE OF RESIGNATION AS REGISTERED AGENT

TO: KNIGHT ISLAND UTILITIES, INC.
ADDRESS: 590 Harbor Boulevard, Suite 204
Port Charlotte, Florida 33952

Please take notice that the undersigned hereby resigns as registered agent of Knight Island Utilities, Inc. The original of this notice shall be filed with the Department of State and a copy mailed to the corporation at the above address. The appointment of the undersigned as registered agent shall terminate thirty (30) days after receipt of this notice by the Department of State.

Dated this 11th day of November, 1982.


C. GUY BARTSEL

FILED
DEC 13 11 01 AM '82
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

TA 12-14

N96000001515

PRINTOUT SENT 2/2/24
LETTER SENT _____
CUB 2/2/24
REINSTATEMENT
FILED 2/24/86
INVOLUNTARILY
DISSOLVED 11/1/83

REINSTATEMENT 15
CUB 3
REGISTERED AGENT 3
OVERPAYMENT
72 Privilege Tax
73 Annual Report
74 Annual Report
75 Annual Report
76 Annual Report
77 Annual Report
78 Annual Report
79 Annual Report
80 Annual Report
81 Annual Report
82 Annual Report
83 Annual Report 20
84 Annual Report 20
85 Annual Report 20
86 Annual Report 20
TOTAL 103
REFUND

NAME AVAILABLE 2/2/24
REINSTATED BY 2/2/24
UPDATER 2/2/24
UPDATER VERIFYER 5/2/24/86

Knight Island Utilities, Inc.

CORPORATION
ANNUAL REPORT
1913-1986



FLORIDA DEPARTMENT OF STATE
George F. Malone
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required -- Make Checks Payable To Secretary of State

1 Name and Address of Corporation, Principal Office N76000001515 Knight Island Utilition, Inc. 590 Harbor Boulevard Port Charlotte, Florida 33952		2 Office Location of Address of Corp. (Enter P.O. Box Number, if any) 1061 Placida Road, Suite 104 P.O. Box 1398 Englewood Florida 33533	
--	--	---	--

3 Date incorporated or qualified to do business in Florida 11/30/01	4 Federal Employer Identification Number (FEIN) 11-1111111	5 Date of last report 5/12/82
---	--	---

Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use P.O. Box Number)	City and State
Orfield R. Dockstead	P/T/D	7092 Placida Road	Capo Haze, FL 33946
Donn L. Dockstead	V/S/D	7092 Placida Road	Capo Haze, FL 33946

7 Name and Address of Current Registered Agent C. Guy Batoel 590 Harbor Boulevard Port Charlotte, Florida 33952		8 Name and Address of New Registered Agent Name Street Address (Do NOT Use P.O. Box Number) 1861 Placida Road City, State and Zip Code Englewood, Florida 33533	
--	--	--	--

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, subscribes to this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida. Such change was authorized by resolution duly adopted by its board of directors on _____, and the undersigned, as a duly authorized officer of the corporation, hereby accepts the appointment of registered agent, I am familiar with, and accept the obligations of, Section 607.035 F.S.

SIGNATURE [Signature] DATE 2/5/86
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10 See signature restrictions under instructions on reverse side of this form.
I Certify That I Am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.
(Officer signing must be listed in Block 6.)

Signature <u>[Signature]</u>	Date Jan. 31, 1986
Typed Name of Signing Officer Carlfield R. Beckstead	Title President/Treasurer/Director
Telephone Number (813) 697-4800	

11 Should you desire a Certificate of Status check the box.
CERTIFICATE OF STATUS DESIRED ☐
\$5 additional fee required for a Certificate of Status

N96000001515

CORPORATION INFORMATION SERVICES, INC.

602 East Park Avenue Tallahassee, FL 32301 (904) 222-0171
MAILING ADDRESS: Post Office Box 10320 Tallahassee, FL 32302
TOLL FREE IN FLORIDA 1-800-342-0086

ORDER NUMBER	ORDER DATE	CUSTOMER NO.	IT CODE	REFERENCE
021206	7/21/88 mail	03983	014	Night Inland Utilition - C.G. Patrol
DESCRIPTION				

INSTITUTIONAL/GOVERNMENT

FILE DATE: _____

1. Night Inland Utilition, Inc.

State fees prepaid with your check:
\$3614 (\$63.00 made to CIG)

*Your check \$144 (\$20.00 made to state)
returned as not cashed.

Call back as per request from
C. Guy Rickett.

NAME

Batrol & McKinley
Attorneys at Law
Post Office Box 1398
Eustach, Florida 33533

TELEPHONE NO.: 813-474-7713

CORPORATION INFORMATION SERVICES, INC. has used reasonable care in obtaining the information above from the appropriate agency or office, per your request. However, the ultimate responsibility for maintaining this data with the filing officer and we accept no liability for error or omission.

STATE COPY

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION
ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

NOT JUL 10 1987
FILED IN
OFFICE OF THE SECRETARY OF STATE

U.S. MAIL PERMIT NO. 1000000 IN ONLY OFFICE PERMIT NO. 1000000
Filing Fee of \$15 Required - Make Checks Payable To Secretary of State

1. Name and Address of Corporation or Partnership
N960000001515
KNIGHT IRON UTILITIES, INC.
1001 FLUCIDA ROAD, STE. 101
P.O. BOX 1303
DIALEUO, FL 33533

If above address is incorrect in any way, enter the correct address in item 2, include Zip Code

2. Enter Change of Address of
Office P.O. Box Number A
Street Address B
P.O. Box No. B
City and State C
Zip Code D

3. Date Incorporated or Date it
Began Business in Florida **11/30/1981**

4. Federal Employer
Identification Number (FEIN)

5. Date of
Last Report **02/24/1983**

6. Name and Street Address of Each Officer and Director as of December 31, 1986

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use P.O. Box Number)	City and State
BECKSTEAD, GIFFIELD R.	P/T/D	7032 FLUCIDA ROAD	CPC HAZE, FL
BECKSTEAD, DON L.	V/S/D	7032 FLUCIDA ROAD	CPC HAZE, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

DAYTEL, C. OJJ
1001 FLUCIDA ROAD
DIALEUO, FL 33533

8. Name and Address of New Registered Agent

Name 81
Street Address 1 (Do NOT Use P.O. Box Number) 82
Street Address 2 (Do NOT Use P.O. Box Number) 83
City and State 84 **FL** Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office, or registered agent, or both, in the State of Florida. Such change is authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.323 F.S.

SIGNATURE _____ (Registered Agent Accepting Appointment) DATE _____

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath
(Officer signing must be listed in Block 6)

Signature _____ Date **June 25, 1987**
Typed Name of Officer **Carlfield R. Beckstead** Title **President/Treas/Director** Telephone Number **813-697-4800**

11. Should you desire a certificate of status, check the box.

CERTIFICATE OF STATUS DESIRED ☐

\$5 Additional Fee required for Certificate of Status

CR-600M (11-76)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

COMPANION
ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jen Smith
Secretary of State
DIVISION OF CORPORATIONS

STATION AND THE INCORPORATION FEE MUST BE PAID TO SECRETARY OF STATE

1. Name and Address of Corporation (Please Print)

N96000001515
FRIGHT ISLAND UTILITIES, INC.
1041 PLACIDA ROAD, JEE. 100
P.O. BOX 1399
BINGLEWOOD, FL 33533

2. Total Number of Shares of Corporation (Please Print)

3. State of Incorporation

4. Date of Incorporation

5. City and State of

6. Zip Code

7. Name and Address of Registered Agent (Please Print)

8. Date of Report (Please Print)

9. Federal Employer Identification Number (EIN)

10. Date of Report (Please Print)

11. Name and Address of Registered Agent (Please Print)

Name of Officer	Title	Street Address	City and State
BECKSTEAD, GARFIELD H.	P/T/D	7092 PLACIDA ROAD	CAPE HAZE, FL
BECKSTEAD, LAM L.	V/S/D	7092 PLACIDA ROAD	CAPE HAZE, FL

REGISTERED AGENT INFORMATION

1. Name and Address of Registered Agent (Please Print)

BATSEL, C. GUY
1861 PLACIDA ROAD
BINGLEWOOD, FL 33533

2. Name and Address of Registered Agent (Please Print)

Street Address (Do Not Use P.O. Box Number)
Sheet Address (Do Not Use P.O. Box Number)
City and State of
FL 33422

3. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, hereby certifies that the purpose of this report is to report the corporation's compliance with the provisions of the Florida Statutes, Chapter 607, F.S.

4. I hereby certify that the above named corporation is in compliance with the provisions of the Florida Statutes, Chapter 607, F.S.

SIGNATURE (Registered Agent Accepting Appointment) DATE

10. To whom corporation, state and federal taxes are paid in Florida

11. I hereby certify that I am an Officer or Director of the Corporation, the purpose of this report is to report the corporation's compliance with the provisions of the Florida Statutes, Chapter 607, F.S.

Signature of Officer or Director
JOHN L. BECKSTEAD Vice President
Date 4-21-88
Telephone Number 813-697-4800

12. State you have a certificate of status from the State

CERTIFICATE OF STATUS DESIRED

65 Additional Fee
Required for
Certificate of Status

DO NOT WRITE

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION
ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
JIM SMITH
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1989 APR -5 AM 9 33

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Previous Office

21P + 4
N96000001515
KNIGHT ISLAND UTILITIES, INC.
1861 PLACIDA ROAD, STE. 104
P.O. BOX 1390
ENGLEWOOD, FL 34224

If above address is no longer in any way, enter the correct address as item 2, the new P.O. Office

Street Address 21

P.O. Box 21

City and State 21

Zip Code 21

34223

3. Date Incorporated (or Qualified To Do Business in Florida) **11/30/1981**

4. Federal Employer Identification Number (EIN) **59-2535043**

5. Date of Last Report **05/19/1988**

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1988

1. Title	2. Name of Officer and Director	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	4. City and State
P/T/D	BECKSTEAD, GARFIELD R.	7092 PLACIDA ROAD	CAPE HAZE, FL
V/S/D	BECKSTEAD, DEAN L.	7092 PLACIDA ROAD	CAPE HAZE, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

BATSEL, C. GUY
1861 PLACIDA ROAD
ENGLEWOOD, FL 34224

8. Name and Address of Previous Registered Agent

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 81

City and State 84

FL. 34223

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____ (Date) and the appointment of registered agent is in full compliance with, and accords the requirements of, Section 607.325 F.S.

SIGNATURE _____ (Registered Agent Accepting Appointment)

(DATE)

10. If a foreign corporation, date first transacted business in Florida _____

11. See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath (Officer or Director sign on must be listed in Item 6)

Signature _____
Type _____
Garfield R. Beckstead President

Date **3/20/89**
Telephone Number **813-697-4800**

12. Should you desire a certificate of status check the box _____

CERTIFICATE OF STATUS DESIRED ☒

\$5 Additional Fee required for a Certificate of Status

ORIGINAL

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

**COMPOSITION
ANNUAL REPORT
1990**



FLORIDA DEPARTMENT OF STATE
Jon Smith
Secretary of State
DIVISION OF COMPOSITIONS

Read Notes and Instructions on Other Side Before Making Entry
Filled Fee of \$33 Required - Make Checks Payable To Secretary of State

1. Name and Address of Corporation or Principal Officer

N96000001515 ZIP + 4 PRESORT
KNIGHT ISLAND UTILITIES, INC.
1861 PLACIDA ROAD, STE. 104
P.O. BOX 1798
ENGLEWOOD, FL 34223-4900

Please address to above, in any way, under the correct address
under 2. to suite 240 Circle

2. Address of the Corporation or Principal Officer (Do not use any correction tape or type to correct what was printed information)

Street Address

City and State

City and State

Zip Code

3. Date incorporated or qualified
to do business in Florida

11/30/1981

4. FIC Number **59-2535043**

11. Number of Appointed
Officers or Directors

5. Names and Street Addresses of each Officer and Director (Do not use any correction tape or type to correct what was printed information)

1. Title	2. Name of Officer and Director	3. Street Address of each Officer and Director (Do not use any correction tape or type to correct what was printed information)	4. City and State
P/T/D	BECKSTEAD, GARFIELD R.	7092 PLACIDA ROAD	CAPE HAZE, FL
V/S/D	BECKSTEAD, DEAN L.	7092 PLACIDA ROAD	CAPE HAZE, FL

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

BATSEL, C. GUY
1861 PLACIDA ROAD
ENGLEWOOD, FL 34223

7. Name and Address of the Agent

Street Address (Do not use P.O. Box numbers)

Street Address 2 (Do not use P.O. Box numbers)

City and State

FL

Zip Code

8. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, hereby certifies that the purpose of changing its registered office or registered agent, or both, within the State of Florida, such change is authorized by resolution duly adopted by its board of directors.

I hereby accept the appointment of registered agent. I am familiar with and accept the provisions of Section 607.025 F.S.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

10. I 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. I further certify that I am an officer or director of the corporation or the receiver or trustee authorized to execute the report as required by Chapter 607, F.S.

Signature *Garfield R. Beckstead*

Date **4/16/90**

Typed Name of Signing Officer or Director
Garfield R. Beckstead

Title
President

Telephone Number
813-697-6996

11. Should purchaser a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☒

\$5 Additional Fee
required for a
Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jon Smith
Secretary of State
DIVISION OF CORPORATIONS

APR 10 1992

APPROVED
FOR FILING
SECRETARY OF STATE
JON SMITH
TALLAHASSEE, FL
32310

FILING FEE OF \$61.25 REQUIRED

DOCUMENT N96000001515

ZIP + 4 PRESORT

KNIGHT ISLAND UTILITIES, INC.
1801 PLACIDA ROAD, STE. 104
P.O. BOX 1790
ENGLEWOOD, FL 34223-4957

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

Do NOT WRITE IN THIS SPACE
If Address on back is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

3 Date incorporated or Dissolved
To Do Business in Florida

11/30/1981

4 FCI Number

59-2535043

FEL Number Applied For

FEL Number Not Applicable

5 FEE \$8.75 Additional Fee required
for a Certificate of Status
ENTER ALL OF STATUS REQUIRED

6 Name and Street Address of Each Officer and Director (Do not use any correction type or hand to cover their correct information)

1 Title	2 Name of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers)	4 City and State
P/T/D	BECKSTEAD, GARFIELD R.	7092 PLACIDA ROAD	CAPE HAZE, FL
V/S/D	BECKSTEAD, DEAN L.	7092 PLACIDA ROAD	CAPE HAZE, FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

BATSEL, C. GUY
1861 PLACIDA ROAD
ENGLEWOOD, FL 34223

81 Name

82 Street Address 1 (Do NOT use P.O. Box Numbers)

83 Street Address 2 (Do NOT use P.O. Box Numbers)

84 City

STATE
FL

9 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 to 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
(The registered Agent Accepting Appointment)

DATE

10 I certify that the information entered on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and my name appears in Item 6 or on an attachment with an address.

SIGNATURE
and Name of Signer, Officer or Director

DEAN L. BECKSTEAD

PRESIDENT

Telephone Number (Optional)

(813) 697-6996

Checks Payable To: Secretary of State \$8.75 Additional Fee required
for a Certificate of Status

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional \$5.00 to the filing fee.

APPROVED
FILED

94 FEB -8 1212:30

SECRET

COMPROATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE John DeLoach Governor of State DIV. REVENUE COMPROATION		96 FEB -0 11:10:30 RECEIVED TALLAHASSEE	
1. Corporation Name NIGHT ISLAND UTILITIES, INC.		DOCUMENT # N96000001515			
2. Mailing Address 7092 PLACIDA ROAD P.O. BOX 1770 CAPE HAZE FL 33918 US		3. Office Address 1801 PLACIDA ROAD, STE. 104 P.O. BOX 1770 ENGLEWOOD FL 34223			
4. Dates of previous annual reports filed: (If none, enter "None") 5. Date of previous annual report filed: (If none, enter "None")					
6. Mailing Address 7. Bank, A/C # 8. City & State 9. Zip 10. Country		11. Mailing Address 12. Bank, A/C # 13. City & State 14. Zip 15. Country		16. Date of Report 17. Date of Report 18. Date of Report 19. Date of Report 20. Date of Report	
21. Name and Address of Current Registered Agent DATSEL, C. GUY 1801 PLACIDA ROAD ENGLEWOOD FL 34223		22. Name and Address of New Registered Agent 23. Name 24. Street Address (P.O. Box Number or Post Office) 25. City 26. State 27. Zip			
28. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to execute this report.					
29. Signature 30. Signature					
31. Title 32. Name 33. Street Address 34. City 35. State 36. Zip		37. Title 38. Name 39. Street Address 40. City 41. State 42. Zip			
43. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to execute this report.					
44. Signature 45. Signature					
46. Title 47. Name 48. Street Address 49. City 50. State 51. Zip					
52. Title 53. Name 54. Street Address 55. City 56. State 57. Zip					
58. Title 59. Name 60. Street Address 61. City 62. State 63. Zip					
64. Title 65. Name 66. Street Address 67. City 68. State 69. Zip					
70. Title 71. Name 72. Street Address 73. City 74. State 75. Zip					
76. Title 77. Name 78. Street Address 79. City 80. State 81. Zip					
82. Title 83. Name 84. Street Address 85. City 86. State 87. Zip					
88. Title 89. Name 90. Street Address 91. City 92. State 93. Zip					
94. Title 95. Name 96. Street Address 97. City 98. State 99. Zip					
100. Title 101. Name 102. Street Address 103. City 104. State 105. Zip					
106. Title 107. Name 108. Street Address 109. City 110. State 111. Zip					
112. Title 113. Name 114. Street Address 115. City 116. State 117. Zip					
118. Title 119. Name 120. Street Address 121. City 122. State 123. Zip					
124. Title 125. Name 126. Street Address 127. City 128. State 129. Zip					
130. Title 131. Name 132. Street Address 133. City 134. State 135. Zip					
136. Title 137. Name 138. Street Address 139. City 140. State 141. Zip					
142. Title 143. Name 144. Street Address 145. City 146. State 147. Zip					
148. Title 149. Name 150. Street Address 151. City 152. State 153. Zip					
154. Title 155. Name 156. Street Address 157. City 158. State 159. Zip					
160. Title 161. Name 162. Street Address 163. City 164. State 165. Zip					
166. Title 167. Name 168. Street Address 169. City 170. State 171. Zip					
172. Title 173. Name 174. Street Address 175. City 176. State 177. Zip					
178. Title 179. Name 180. Street Address 181. City 182. State 183. Zip					
184. Title 185. Name 186. Street Address 187. City 188. State 189. Zip					
190. Title 191. Name 192. Street Address 193. City 194. State 195. Zip					
196. Title 197. Name 198. Street Address 199. City 200. State 201. Zip					
202. Title 203. Name 204. Street Address 205. City 206. State 207. Zip					
208. Title 209. Name 210. Street Address 211. City 212. State 213. Zip					
214. Title 215. Name 216. Street Address 217. City 218. State 219. Zip					
220. Title 221. Name 222. Street Address 223. City 224. State 225. Zip					
226. Title 227. Name 228. Street Address 229. City 230. State 231. Zip					
232. Title 233. Name 234. Street Address 235. City 236. State 237. Zip					
238. Title 239. Name 240. Street Address 241. City 242. State 243. Zip					
244. Title 245. Name 246. Street Address 247. City 248. State 249. Zip					
250. Title 251. Name 252. Street Address 253. City 254. State 255. Zip					
256. Title 257. Name 258. Street Address 259. City 260. State 261. Zip					
262. Title 263. Name 264. Street Address 265. City 266. State 267. Zip					
268. Title 269. Name 270. Street Address 271. City 272. State 273. Zip					
274. Title 275. Name 276. Street Address 277. City 					

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mortenson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001515

1. Corporation Name

KNIGHT ISLAND UTILITIES, INC.

Principal Place of Business

1881 PLACIDA ROAD, STE. 104
P.O. BOX 1790
ENGLEWOOD FL 34223

Mailing Address

7092 PLACIDA ROAD
P.O. BOX 1790
CAPE HAZE FL 33946
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/30/1981

3a. Date of Last Report

02/03/1994

4. FEI Number

59-2732393

Applied For

Not Applicable

5. Conflicts of Interest Disclosed

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

Country

2a. Mailing Address

2a. State, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

BATSEL, C. GUY
1881 PLACIDA ROAD
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

01. Name

02. Street Address (P.O. Box Number is Not Acceptable)

03.

04. City

FL

05. 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 of person named as registered agent and 1092 (a)(2)(A))

(Print Name of Registered Agent (signature required when new listing))

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
1	BECKSTEAD, GARFIELD R.	7092 PLACIDA ROAD	CAPE HAZE FL
2	BECKSTEAD, DEAN L.	7092 PLACIDA ROAD	CAPE HAZE FL
3	DUBIN, RONALD S	7092 PLACIDA ROAD	CAPE HAZE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-ST-ZIP</td>	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-ST-ZIP</td>	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-ST-ZIP</td>	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY-ST-ZIP</td>	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 included on this annual report or supplement 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with my address.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

4/30/95

697-2339

N96000001515

(Request)

(A)

(City, State, Zip) (Phone #)

DUDIN
300 FAITH AVE.
ODDNEY, FL 34229

OFFICE USE ONLY

RECEIVED 15 SEP 1995
-03/22/95--01006--002
*****35.00 *****35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☒	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
95 SEP 22 PM 2:38

FALL SEP 22 1995

Examiner's Initials _____

N96000001515

URGENT 10/1/80

TO: DEAN BECKHEAD
PRESIDENT, KNIGHT ISLAND UTILITIES, INC.

FROM: RON DUBIN *RD*
SECRETARY/TREASURER

SUBJECT: RESIGNATION AS OFFICER

PLEASE BE ADVISED THAT AS OF THE ABOVE DATE I SUBMIT MY
RESIGNATION AS AN OFFICER (SECRETARY/TREASURER) OF KNIGHT ISLAND
UTILITIES, INC.. I AM RESIGNING FROM THE BOARD FOR PERSONAL
REASONS.

CC: STATE OF FLORIDA
DIVISION OF CORPORATIONS

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

RECEIVED
DIVISION OF CORPORATIONS
55 SEP 22 PM 2:33

I, RONALD S. DUBIN, hereby resign as SECRETARY/TREASURER
(Title)
of FAIRBANK ISLAND UTILITIES, INC.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA.

That the corporation has been notified in writing of the resignation.

Ronald S. Dubin
(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

N9600000 1515

CARL A. BERTOCH, P.A.

Requestor's Name

537 East Park Avenue

Address

Tallahassee, FL 32301 904/222-2563

City/State/Zip

Phone #

0000001 749580
-09/19/96--01007--025
*****35.00 *****35.00
Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Knight Island Utilities, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

Call when ready

☐ Walk in

☒ Pick up time 4:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☒	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Gave OK

to add

adoption +

CR2E031(1/95)

names of persons signing

Amend

38

3/20/96

Examiner's Initials

ARTICLES OF AMENDMENT
OF
KNIGHT ISLAND UTILITIES, INC.

FILED
96 MAR 20 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The following provisions of the Articles of Incorporation of KNIGHT ISLAND UTILITIES, INC., a Florida Not-for-Profit Corporation, filed in Tallahassee on November 30, 1981, be and they hereby are amended in the following particulars:

Article XI be and hereby is amended to read as follows:

DISTRIBUTION OF SURPLUS FUNDS UPON DISSOLUTION. Upon the corporation's dissolution, after (a) All debts and liabilities of the Corporation shall have been paid, and (b) All capital furnished through patronage shall have been retired as provided in these By-Laws, the remaining property and assets of the Corporation shall be distributed without priority among the members and former members in the proportion which the patronage of each member or former member from and after July 1, 1995, bears to the total patronage of all members and former members from and after such date, to the date of such dissolution; provided that before making such distribution, if any gain is realized upon dissolution from the sale of any appreciated asset, such gain shall be distributed to all persons who were members during the period the asset was owned by the Corporation in the proportion each such member's patronage bears to the total patronage of all members during such period.

ARTICLE XII be and is hereby amended as follows:

REGISTERED OFFICE AND AGENT. The registered agent of this corporation is Robert L. Underwood, III, whose mailing address is Carl A. Bertoch, P.A., 537 East Park Avenue, Tallahassee, Florida 32301. The street address and mailing address of the principal office of the Corporation is Palm Island, Charlotte County, Florida.

ARTICLE XIII is created hereby and is to read as follows:

TAX STATUS. The Corporation shall be organized and operated in a manner so that the Corporation qualifies as an organization described in Section 501(12) of the Internal Revenue Code, Title 26, United States Code.

The foregoing amendments were approved in a manner provided
in Chapter 617, Florida Statutes, on the 11 day of MARCH, 1996.

The amendments were adopted by the Board of Directors on March 11, 1996.
The corporation has no members.

IN WITNESS WHEREOF the undersigned President and Secretary of this
corporation have executed the Articles of Amendment this 11 day of
MARCH, 1996.

KNIGHT ISLAND UTILITIES, INC.

By: [Signature]
President, Dean L. Beckstead

By: [Signature]
Secretary, Dean L. Beckstead

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF
PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 617.0501, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED:

That KNIGHT ISLAND UTILITIES, INC. desiring to organize or qualify under the laws of the
State of Florida, with its principal place of business at Palm Island, Charlotte County,
Florida, has named as its agent ROBERT L. UNDERWOOD, located at 537 East Park
Avenue, Tallahassee, FL 32301, to accept service of process within Florida.

Having been named to accept service of process for the above-stated corporation, at
the place designated in this Certificate, I hereby agree to act in this capacity, and I
further agree to comply with the provisions of all Statutes relative to the proper and
complete performance of my duties.

DATED this 11th day of MARCH, 1996.



Robert L. Underwood, III
Registered Agent

This instrument Prepared by:
Robert L. Underwood, III
Carl A. Berfoch, P.A.
537 East Park Avenue
Tallahassee, Florida 32301