

N96000001515



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
1-800-342-8000

REQUEST AND REPORT FORM

RE: Enight Inland Utilities, Inc.

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

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

CORPORATIONS:

- Domestic
- Foreign
- Profit
- Non-Profit

SPECIAL REMARKS:

Articles Filed under
90041 (003) 10/11/81
Form 141 Filed 10/11/81
when filed.

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

SUBSCRIBER:

628

W.P. Verlyer, Inc.
1000 North I
Harbor Pl Suite 204
Tallahassee, Florida 32301
TELEPHONE 11193

11-30-81
Time _____ Date _____
CIS Service _____
Disbursement State, etc. _____
TOTAL DUE _____

11/30/81
12/2/81
W.P. Verlyer

N96000001515

WOTTZKY, WOTTZKY, MANDRILL, BATHREL & WILKINS
ATTORNEYS AT LAW

THE PROFESSIONAL CENTER, SUITE 501
201 WEST MARION AVENUE

PENSACOLA, FLORIDA 32503

(904) 839-2929

CHARLOTTE MEDICAL PLAZA
SUITE 2124
2015 HANCOCK BOULEVARD, N.W.
PORT CHARLOTTE, FLORIDA 33692
(813) 867-1100

November 24, 1981

PLEASE REPLY TO:
Port Charlotte Office

LEO WOTTZKY
FRANK WOTTZKY
ROBERT A. MANDRILL
C. GUY BATHREL
DARYL L. WILKINS
W. SCOTT FROHLICH
PHILIP J. JONES
HELENA JONES
EDWARD L. WOTTZKY
MICHAEL H. MANDRILL

Secretary of State
The Capitol
Tallahassee, Florida 32304

Attention: Corporate Division

Re: Incorporation of KNIGHT ISLAND UTILITIES, INC.

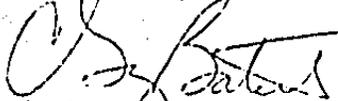
Dear Sir:

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 Bathrel

CCB/nfn
Enclosures

ARTICLES OF INCORPORATION
OF

KNIGHT ISLAND UTILITIES, INC.

FILED
MAY 30 1 22 PM '81
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N96000001515

The undersigned join together to form a corporation not for profit authorized by Florida Statute Chapter 617, Part I (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°29'53" 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 westerly line of said Government Lot 5; thence run N 89°58'54" E along said westerly 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. NORKEVEK	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 34580
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]

[Signature] (SEAL)
Nancy L. Elliott

[Signature]
As to Nancy L. Elliott

[Signature]

[Signature] (SEAL)
Nancy F. Norkeveck

[Signature]
As to Nancy F. Norkeveck

[Signature]

[Signature] (SEAL)
Susan J. Menzer

[Signature]
As to 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 July 3, 1983

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

FILED
NOV 15 1961
CLERK OF COURT
PORT CHARLOTTE, FLORIDA

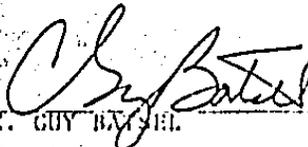
In compliance with Section 48.091, Florida Statutes,
the following is submitted:

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 BATSSEL, 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 BATSSEL

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

CORPORATION'S
ANNUAL REPORT
1982



George Frestone
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, Airmail, Full or Partial Street Address P.O. Box No. City State Zip Code	
--	--	---	--

If above address is incorrect in any way, enter the correct address in Item 2. Include 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 CHRISTENSON, BILLY BOYER, JAMES R.	P/D V/D S/T/D	3935 N. WASHINGTON BLVD. LONE TREE FARM RD PO BOX 2203 209 S. PALM AVE.	SARASOTA, FL NEW CANAAN, CT SARASOTA, FL

2464 5/11/82 56392
008 2 10.JJ 09

7 Name and Address of Current Registered Agent		8 Name and Address of New Registered Agent	
BATSEL, C. GUY 590 HARBOR BOULEVARD, SUITE 204 PT. CHARLOTTE, FL		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	Title President	Date 2/25/82	Telephone Number 355-9611
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CONFIDENTIAL

N96000001515

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

~~✓~~ \$3.00 filing fee not received #607.361(4)
By Directive of the Auditor General, State of Florida, all fees must be paid at the time of filing any document with the Division of Corporations. Please attach your check for \$3.00, payable to the Department of State, and resubmit the Resignation for filing.

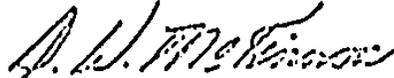
Procedures pursuant to #607.037(3) Florida Statutes not followed:

"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 Department of State."

~~✓~~ Other:

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

Sincerely yours



D. W. McKinnon, Director
Division of Corporations

ENCLOSURE

005 6607 12/10/02

005 6607 12/10/02

3.00 3
3.00 TL

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

FLORIDA State of the Arts

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

THE PROFESSIONAL CENTER, SUITE 504
201 WEST MARION AVENUE
TUNIA (DUNN), FLORIDA 33604
(813) 530-2121

CHARLOTTE MEETING PLACE
SUITE 504
201 WEST MARION AVENUE, N.W.
PORT CHARLOTTE, FLORIDA 33687
(813) 530-2121

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

November 17, 1982

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 Hattel
C. Guy Hattel

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 201
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 BATSEL

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

TA 12-14

CORPORATION
ANNUAL REPORT
1913-1986



FLORIDA DEPARTMENT OF STATE
George F. Sullivan
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 Enter Change of Address of Corporation (Do NOT Use Post Office Box Number)
 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)
 5 Date of Last Report: **5/12/82**

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

Registered Agent Information

7 Name and Address of Current Registered Agent
 C. Guy Batael
 590 Harbor Boulevard
 Port Charlotte, Florida 33952

8 Name and Address of New Registered Agent
 Name: _____
 Street Address (Do NOT Use P.O. Box Numbers): **1861 Placida Road**
 City, State and Zip Code: **Englewood, Florida 33533**

I, 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 I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of, Section 607.025 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 (Other signing agents listed in Block 6).

Signature: *[Signature]* Date: **Jan. 31, 1986**
 Typed Name of Signing Officer: **Garfield 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.	FILE CODE	REFERENCE
021206	7/21/66 mail	03983	014	Night Inland Utilition - C. Guy Wilson

DESCRIPTION

INFORMATION SERVICES, INC.

FILE DATE: _____

1. Night Inland Utilition, Inc.

State fees prepaid with your check
\$364 (563.00 made to CIES)

*Your check \$144 (220.00 made to state)
returned as not cashed.

Call bill. as per request from
C. Guy Wilson.

NAME

Rutzel & McKinley
Attorneys at Law
Post Office Box 1398
Tallahassee, Florida 32303

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.

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1971.

COMPOSITION
ANNUAL REPORT
1980



FLORIDA DEPARTMENT OF STATE
Jan Grillo
Secretary of State
DIVISION OF CORPORATIONS

NOTICE: THIS REPORT IS DUE TO THE SECRETARY OF STATE

1. Name and Address of Corporation (Indicate office)
N96000001515
 FLIGHT ISLAND UTILITIES, INC.
 1041 PLACIDA ROAD, JEE. 100
 P.O. BOX 1399
 BRIDGEWOOD, FL 33533

2. Total Paid-up Capital of Corporation (Indicate amount in dollars and cents)
 3. State of Incorporation
 4. Date of Last Meeting
 5. Fiscal Year-End

6. Date Reported (Indicate date)
11/30/1981

7. Federal Employer Identification Number (Indicate number)
57-2535043

8. Name and Address of Each Officer and Director as of (Indicate date)
 (Indicate date as of December 31, 1981)

Name of Officer or Director	Title	Home Address (Indicate street, city, state and zip code)	Business Address (Indicate street, city, state and zip code)
BECKSTEAD, GARFIELD H.	P/T/D	7092 PLACIDA ROAD	CAPE HATE, FL
BECKSTEAD, LAM L.	V/S/D	7092 PLACIDA ROAD	CAPE HATE, FL

REGISTERED AGENT INFORMATION

9. Name and Address of Registered Agent (Indicate name and address)
BATSEL, C. GUY
 1861 PLACIDA ROAD
 BRIDGEWOOD, FL 33533

10. Home Address (Do NOT use P.O. Box Number)
 Street Address (Do NOT use P.O. Box Number)
 City and State of
FL 34172

11. Signature of Registered Agent (Indicate name and address)
 (Indicate name and address)
 DATE

12. I Certify that I am an Officer or Director of the Corporation, the Executive or Trustee of the Corporation or the Agent as Required by Chapter 407 F.S. of the State of Florida, and I understand my signature on this report shall have the same legal effects as if made under oath. (Circle or check the appropriate box)
 (Circle or check the appropriate box)
 (Indicate name and address)

13. State you have a certificate of status from the State
 CERTIFICATE OF STATUS DESIRED

14. Additional Fee (Indicate amount in dollars and cents)
3472.50

15. Date
4-21-88

16. Telephone Number
813-697-4800

17. Signature of Officer or Director (Indicate name and address)
JOHN L. BECKSTEAD
 Vice President

E 7 0 2 6 0 0 6

COPYING

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED AND FILED

CORPORATION
ANNUAL REPORT
1989



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

009 APR -5 1990

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

OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

1 Name and Address of Corporation Principal Office
KNIGHT ISLAND UTILITIES, INC.
1861 PLACIDA ROAD, STE. 104
P.O. BOX 1390
ENGLEWOOD, FL 34224

Street Address #1
P.O. Box 1798
City and State #1
FL 34223

3 Date Incorporated or Qualified To Do Business at Florida: **11/30/1981** 4 Federal Employer Identification Number (FEIN): **59-2835043** 5 Date of Last Report: **05/19/1988**

6 Name and Street Address of Each Office and Location, as of December 31, 1988

Title	Name of Officer and Location	Street Address of Each Office and Location (Do NOT Use Post Office Box Numbers)	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 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 _____ and I hereby accept the appointment of registered agent I am named with, and accept the obligations of Section 607.325 F.S.

SIGNATURE _____ (Registered Agent Accepting Appointment) DATE _____

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

11 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 signatures must be listed in Div 6.)

Signature: **Garfield R. Beckstead** Date: **3/20/89**
Title: **President** 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

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

APPROVED
SECRETARY OF STATE
JON SMITH
JULY 1991

FILING FEE OF \$61.25 REQUIRED
DOCUMENT N9600001515

1 Name and Mailing Address of Corporation
**KNIGHT ISLAND UTILITIES, INC.
1801 PLACIDA ROAD, STE. 104
P.O. BOX 1798
ENGLEWOOD, FL 34223-4957**

21 Street Address
22 P.O. Box No.
23 City and State
24 Zip Code

3 Date incorporated or Qualified To Do Business in Florida: **11/30/1981**
4 FCI Number: **59-2535043**

5 FCI Number Applied For
6 FCI Number Not Applicable
7 **FILED BY Additional Fee Required for a Certificate of Status \$8.75**

8 Names and Street Addresses of Officers and Directors (Do not use any correction tape or hand to cover their incorrect information)

1 Title	2 Name of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT use P.O. 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
9 Name and Address of Current Registered Agent
**BATSEL, C. GUY
1861 PLACIDA ROAD
ENGLEWOOD, FL 34223**

10 Name
11 Street Address 1 (Do NOT use P.O. Box Numbers)
12 Street Address 2 (Do NOT use P.O. Box Numbers)
13 City
14 State
15 Zip Code

9 Pursuant to the provisions of Sections 607.0102 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 607.0105, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10 I certify that the information contained on the 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 empowered to execute this report as required by Chapter 607, Florida Statutes, and my name appears in Item 8 or on an attachment with an address.

SIGNATURE Dean L. Beckstead DATE 8/31/91
11 Printed Name of Signer, Officer or Director
12 Title PRESIDENT
13 Telephone Number (0 none) (813) 697-6996

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

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

CORPORATION
ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
Jan Keith
Secretary of State
DIVISION OF CORPORATIONS

FILING FEB 25, Make Payable To: Secretary of State

1. Name of Mailing Address: **DOCUMENT N9600000151E**
KNIGHT ISLAND UTILITIES, INC.
1801 PLACIDA ROAD, STE. 104
P.O. BOX 1796
ENGLEWOOD FL 34223-4957

2. Date of Report: **11/30/1991**

3. Date Report Due: **11/30/1991**

1	2	3	4
Type	Name of Officer or Director	Street Address of Each Officer or Director (Do NOT use Post Office Box Number)	City
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 Registered Agent:

BATSEL, C. GUY
1801 PLACIDA ROAD
ENGLEWOOD, FL 34223

81. Name: _____
82. Street Address 1 (Do NOT use P.O. Box): _____
83. Street Address 2 (Do NOT use P.O. Box): _____
84. City: _____ FL 85. State: _____

8. If required by the provisions of Sections 607.01 and 607.02, 608 or 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

9. Signature: _____ DATE: **6/25/92**

10. This corporation has liability for state tax under S. 193.032, Florida Statutes. Yes No

11. I certify that the information contained in this annual report or Supplemental annual report is true and accurate and that my signature shall have the same legal effect as if this report were filed with the Secretary of State of this corporation for the purpose of this report as required by Chapter 607 of the Florida Statutes. My name appears in Block 4 or an attachment with an address.

Signature: **Dean L. Beckstead** Vice President DATE: **6/25/92**

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

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

APPROVED
FILED

96 FEB -8 11:10:38

COMPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
John DeLoach
Secretary of State
DIV. BUREAU OF CORPORATIONS

1. Corporation Name

NIGHT ISLAND UTILITIES, INC.

DOCUMENT #

N96000001575

2. Mailing Address

7092 PLACIDA ROAD
P.O. BOX 1794
CAPE HAZE FL 33918
US

3. Office or Principal Place of Business

1881 PLACIDA ROAD, STE. 104
P.O. BOX 1794
ENGLEWOOD FL 34223

4. Mailing Address

5. Bank Account No.

6. City & State

7a. Zip

7b. Country

7c. Zip

7d. Country

8. Name and Address of Current Registered Agent

DATSEL, C. GUY
1881 PLACIDA ROAD
ENGLEWOOD FL 34223

9. Date of Incorporation

11/30/1991

04/07/1993

10. Filing Office

59-8535043-57-2732373

11. Filing Fee

\$24.76 (Additional Fee Required)

12. Filing Fee Paid

\$24.76

13. Filing Fee Status

PAID

14. Name and Address of New Registered Agent

15a. Name

15b. Title

15c. Address

15d. City

15e. State

15f. Zip

I, the undersigned, being a resident of the State of Florida, do hereby certify that the above is a true and correct copy of the information required by law to be filed with the Secretary of State. I further certify that the information contained herein is true and correct to the best of my knowledge and belief. I am duly qualified to execute this report as required by law. I am duly qualified to execute this report as required by law. I am duly qualified to execute this report as required by law.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

2-2-94

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

APPROVED AND FILED

CORPORATION
ANNUAL REPORT
1995



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

30 MAY 1 1996
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000001515**
1. Corporation Name
KNIGHT ISLAND UTILITIES, INC.

Principal Place of Business Mailing Address
**1861 PLACIDA ROAD, STE. 104
P.O. BOX 1790
ENGLEWOOD FL 34223**
**7092 PLACIDA ROAD
P.O. BOX 1790
CAPE HAZE FL 33948
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/30/1981** 3a. Date of Last Report **02/08/1994**
4. FEI Number **59-2732393** Applied For Not Applicable
5. Contents of Status Report \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 21 State, Apt. #, etc.
22 City & State 22 City & State
23 Zip Country 23 Zip Country
24 Zip Country 24 Zip Country

9. Name and Address of Current Registered Agent
**BATSEL, C. GUY
1861 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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]* **4/30/95** **697-2339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

N96000001515

(Request)

(A)

(City, State, Zip)

DUDIN
300 FAITH AVE.
OSPREY, FL 34229

(Phone #)

OFFICE USE ONLY

TELEPHONE 1-800-352-7777
-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	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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

FALL SEP 22 1995

Examiner's Initials _____

N96000001515

URGENT 10/15/80

TO: DEAN DECKBEAD
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 H. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 SEP 22 PM 2:33

I, RONALD S. DUBIN, hereby resign as SECRETARY / TREASURER
(Title)
of FAISBAT 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 #

000001 24 9580
 -09/19/96--01007--026
 *****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 #)

FILED
 96 MAR 20 PM 12:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Call when ready

- Walk in
 Pick up time 2:10
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

gave OK
 to add
 adoption +
 names of persons
 signing

Amend
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:

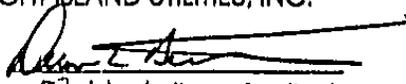
TAX STATUS. The Corporation shall be organized and operated in a manner so that the Corporation qualifies as an organization described in Section 501(12) of the Internal Revenue Code, Title 26, United States Code.

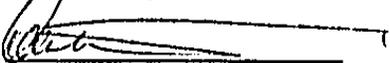
The foregoing amendments were approved in a manner provided
in Chapter 617, Florida Statutes, on the 11 day of MARCH, 1996.

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: 
President, Dean L. Beckstead

By: 
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. Berloch, P.A.
537 East Park Avenue
Tallahassee, Florida 32301