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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90041 001 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N97000002354

1. Corporation Name
WEST PASCO UTILITIES, INC.

| | |
|--|--|
| Principal Place of Business 1518 US HWY. 19, UNIT C HOLIDAY FL 34691 | Mailing Address 1518 US HWY. 19, UNIT C HOLIDAY FL 34691 |
|--|--|



| | | |
|--------------------------------------|--|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 P.O. BOX 1176 | 3. Date Incorporated or Qualified 04/25/1997 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number APPLIED FOR |
| City & State 23 | City & State 28 NEW PORT RICHEY, FL 34652 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 PASCO | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

DEREMER, GARY A
 1518 US HWY. 19, UNIT C
 HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name
JOSEPH R. BORDA

82 Street Address (P.O. Box Number is Not Acceptable)
 4925 CROSS BAYOU BOULEVARD

83
NEW PORT RICHEY

84 City
FL 85 Zip Code
34652

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE D | <input checked="" type="checkbox"/> DELETE |
| NAME DEREMER, GARY A | |
| STREET ADDRESS 1518 US HWY. 19, UNIT C | |
| CITY-ST-ZIP HOLIDAY FL 34691 | |
| TITLE DTS | <input type="checkbox"/> DELETE |
| NAME BORDA, JOESPH R | |
| STREET ADDRESS P.O. BOX 1176 | |
| CITY-ST-ZIP NEW PORT RICHEY FL 34656-1176 | |
| TITLE D | <input type="checkbox"/> DELETE |
| NAME MOUNTAIN, MARGARET E | |
| STREET ADDRESS 4925 CROSS BAYOU BOULEVARD | |
| CITY-ST-ZIP NEW PORT RICHEY FL 34652 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 1.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME MCNEIL, HELEN L. | |
| 1.3 STREET ADDRESS 4925 CROSS BAYOU BOULEVARD | |
| 1.4 CITY-ST-ZIP NEW PORT RICHEY, FLORIDA 34652 | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph R. Borda DATE: 3-18-99 DAYTIME PHONE: 727-849-2266

CR2E037 (1/98)