

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01907

(5)

1. Corporation Name  
EAGLE RIDGE UTILITIES INC.



Principal Place of Business  
14589 EAGLE RIDGE DR.  
FT. MYERS FL 33912

Mailing Address  
14589 EAGLE RIDGE DR.  
FT. MYERS FL 33912

3. Date Incorporated or Qualified  
05/07/1984

3a. Date of Last Report  
04/04/1995

4. FCI Number  
59-2400779

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADDOX, WILLIAM E.  
14589 EAGLE RIDGE DR., S.E.  
FORT MYERS FL 33912

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0500 and 607.1500, 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 607.0500, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director or Officer

Signature of Registered Agent or Director or Officer

DATE

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | PD                          | <input type="checkbox"/> DELETE |
| NAME           | QUINN, FREDERICK, JR.       |                                 |
| STREET ADDRESS | 6818 GRIFFIN BLVD.          |                                 |
| CITY-STATE-ZIP | FT MYERS FL                 |                                 |
| TITLE          | VTD                         | <input type="checkbox"/> DELETE |
| NAME           | KOLB, RICHARD H.            |                                 |
| STREET ADDRESS | 3215 W GULF DR., UN E201    |                                 |
| CITY-STATE-ZIP | SANIBEL ISLAND FL           |                                 |
| TITLE          | VSD                         | <input type="checkbox"/> DELETE |
| NAME           | MADDOX, WILLIAM E.          |                                 |
| STREET ADDRESS | 14589 EAGLE RIDGE DR., S.E. |                                 |
| CITY-STATE-ZIP | FT MYERS FL                 |                                 |
| TITLE          | S                           | <input type="checkbox"/> DELETE |
| NAME           | FISCHER, MICHAEL B.(AST)    |                                 |
| STREET ADDRESS | 203 N. LASALLE STREET       |                                 |
| CITY-STATE-ZIP | CHICAGO IL                  |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-STATE-ZIP  |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-STATE-ZIP  |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-STATE-ZIP |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-STATE-ZIP |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY-STATE-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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changes, or on an attachment with an address.

SIGNATURE:

*Richard H. Kolb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Richard H. Kolb

3-28-96

941/768-0615

CR2E034 (12/95)