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FILED

Feb 14 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33912-1804**



3. Date Incorporated or Qualified

05/07/1984

3a. Date of Last Report

04/03/1996

4. FEI 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

21
Suite, Apt. #, etc.

22
City & State

23
Zip

24
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

29
Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0502 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: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME QUINN, FREDERICK, JR.
STREET ADDRESS 6818 GRIFFIN BLVD.
CITY-ST-ZIP FT MYERS FL

TITLE VTD ☐ DELETE
NAME KOLB, RICHARD H.
STREET ADDRESS 3215 W GULF DR., UN E201
CITY-ST-ZIP SANIBEL ISLAND FL

TITLE VSD ☐ DELETE
NAME MADDOX, WILLIAM E.
STREET ADDRESS 14589 EAGLE RIDGE DR., S.E.
CITY-ST-ZIP FT MYERS FL

TITLE S ☐ DELETE
NAME FISCHER, MICHAEL B.(AST)
STREET ADDRESS 203 N. LASALLE STREET
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1056 N. Town & River Rd.
1.4 CITY-ST-ZIP Ft. Myers, FL 33919

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 14811 Laguna Dr. - A401
2.4 CITY-ST-ZIP Ft. Myers, FL 33908

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, 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 2/11/97 941/768-0615
Daytime Phone #

CR2E034 (9/96)