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AND  
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1996 MAY -8 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P26304 (6)

1. Corporation Name

UTILITY LINE MAINTENANCE, INC.

Principal Place of Business

1696 NORTH GEORGIA HIGHWAY 16  
WHITESBURG GA 30185

Mailing Address

1696 NORTH GEORGIA HIGHWAY 16  
WHITESBURG GA 30185



300001813763

-05/08/96--01072--024

\*\*\*200.00 \*\*\*200.00

3. Date Incorporated or Qualified

10/04/1989

3a. Date of Last Report

02/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

8600 NW 36th Street

4. FEI Number

58-1810432

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITFIELD, RALPH B.  
HIGHWAY 20W  
P.O. BOX 909  
BRISTOL FL 32321

81 Name

CT Corporation System

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

1200 South Pine Island Rd.

83

84 City

Plantation

FL

85 Zip Code

33324

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.

PETER F. SOUZA  
ASSISTANT SECRETARY

5/7/96

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
P  
MCLENDON, JAMES  
STREET ADDRESS  
1696 N GEORGIA HWY 16  
CITY-ST-ZIP  
WHITESBURG GA

TITLE ☐ DELETE

NAME  
V  
BUCHANAN, MICHAEL T.  
STREET ADDRESS  
RT 2 BOX 11A  
CITY-ST-ZIP  
FRANKLIN GA

TITLE ☒ DELETE

NAME  
S  
BRAND, SUE R.  
STREET ADDRESS  
22 MOUNTAIN OAKS DRIVE  
CITY-ST-ZIP  
CARROLLTON GA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition  
S  
Nancy J. Damon  
8600 NW 36th St, 8th Fl  
Miami, FL 33166

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 if changed, or on an attachment with an address.

SIGNATURE:

Nancy J. Damon

Nancy J. Damon

4-7-96

305-594-1800

Date

Daytime Phone #

CR2E034 (12/95)