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FILED

Jan 29 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 # P26304

(6)

1. Corporation Name

UTILITY LINE MAINTENANCE, INC.

Principal Place of Business

1696 NORTH GEORGIA HIGHWAY 16  
WHITESBURG GA 30185

Mailing Address

8800 NW 36TH STREET  
8TH FLOOR  
MIAMI FL 33168-6648

3. Date Incorporated or Qualified

10/04/1989

3a. Date of Last Report

05/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 3155 NW 77th Ave

27 Suite, Apt. #, etc.

28 Miami FL

29 Zip

30 33122

Country

US

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE S ☐ DELETE  
NAME DAMON, NANCY J  
STREET ADDRESS 8800 NW 36TH STREET, 8TH FL  
CITY-ST-ZIP MIAMI FL 33168

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 3155 NW 77th Ave  
3.4 CITY-ST-ZIP MIAMI FL 33122

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME MAS, JORGE  
4.3 STREET ADDRESS 3155 NW 77th Ave  
4.4 CITY-ST-ZIP MIAMI FL 33122

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME JOHNSON, EDWIN D  
5.3 STREET ADDRESS 3155 NW 77th Ave  
5.4 CITY-ST-ZIP MIAMI FL 33122

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:

Nancy J. Damon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)