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Mar 24 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 # P32094

(5)

1. Corporation Name
SUNRAY UTILITIES-NASSAU, INC.



Principal Place of Business
C/O RAYONIER INC.
1177 SUMMER STREET
STAMFORD CT 06905-5529
US

Mailing Address
C/O RAYONIER INC.
1177 SUMMER STREET
STAMFORD CT 06905-5522
US

3. Date Incorporated or Qualified
12/13/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
59-3055437

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

CT CORPORATION SYSTEM
1200 S. 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 understand, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of the person for whom the name of the corporation is being changed)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME CANNING, JOHN B.
STREET ADDRESS %1177 SUMMER STREET
CITY-ST-ZIP STAMFORD CT
TITLE D
NAME BERRY, WILLIAM S.
STREET ADDRESS 1177 SUMMER STREET
CITY-ST-ZIP STAMFORD CT
TITLE AC
NAME AVERY, JIMMY B.
STREET ADDRESS 4 NORTH 2ND STREET
CITY-ST-ZIP FERNANDINA BCH FL
TITLE T
NAME MACDONALD, AUGUSTE
STREET ADDRESS 1177 SUMMER STREET
CITY-ST-ZIP STAMFORD CT
TITLE AS
NAME SHROADS, JAMES L.
STREET ADDRESS 31 SOUTH 4TH STREET
CITY-ST-ZIP FERNANDINA BCH FL
TITLE AS
NAME BERGER, MARY J
STREET ADDRESS 31 SOUTH 4TH STREET
CITY-ST-ZIP FERNANDINA BEACH FL

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MACDONALD AUGUSTE

3/12/97 203-348-7000

CR2E034 (9/96)