FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300041685 (7)

LAKE PLACID UTILITIES, INC.

FILED
May 04 1998 8:00am
Secretary of State



Principal Pla	ice of Business	Mailing Address					
	ersfield ave	2335 SANDERS ROAD					
ALTAMONTE SPRINGS FL 32714		NORTHBROOK IL 60062				DO NOT HIDITE HI THIS SDAGE	
		US				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 06/14/1993	
9 Principal	Piace of Business	2a. Mailing Address					
'						an account	
Sulte, Ap	# # etc	Suite, Apt. #, etc.	lo Ant # alo				
22	ι. π, σι ο.	27				5. Certificate of Status Desired Fee Regulred	
City & Sta	nte	City & State					
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country			This corporation owes or has paid the current year Intangible	
24	25	29 30				Personal Property Tax due June 30. Yes W No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM B1 Name							
1200 SOUTH PINE ISLAND ROAD				4			
PLANTATION FL 33324			6	32	Street Add	dress (P.O. Box Number is Not Acceptable)	
•	LANIATION PL 33324			33			
			'				
			8	14	City	FL 85 Zip Code	
				上			
11. Pursuan office or	t to the provisions of Sections 607.05 -registered agent, or both, in the State	02 and 607.1508, Flori da Sta tut e of Florida. Such chan ce was a	es, the abo authorized	ו-evc hv 1	named co Ibe corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
agent I	am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statu	tes.			
SIGNATURE							
Signature, typed or printed name of registered agrint and little if applicable (NOTF, Regis				Agent	per enutangia	guired when reinstating) DATE	
12.	OF ICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CAMAREN, JAMES	☐ DELETE	11 TITU			Change Addition	
NAME	MARE CAMPEDO DO		1.2 NAMI		ł		
STREET ADDRESS	2335 SANDERS RD		1.3 STREET ADDRESS		DDRESS		
CITY-ST-ZIP	NORTHABROOK IL		1.4 CITY-8		ZIP		
TITLE	VS	☐ DELETE	2.1 TITL	E		Change Addition	
NAME	DEMAREE, DAVID H		2.2 NAME				
STREET ADDRESS			. 2.3 STREET ADDRESS		DDRESS		
CITY-ST-ZIP	NORTHBROOK IL			Y - ST -	- ZIP		
TITLE	P	DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME				3.2 NAME			
STREET ADDRESS	2335 SANDERS RD		3.3 STRE	3.3 STREET ADDRESS			
CITY-ST-ZIP	ł			Y-ST-	-ZIP		
TITLE	VP	☐ DELETE	4.1 DTU	4.1 TITLE		☐ Change ☐ Addition	
NAME	WENZ, CARL		. 4.2 NAME		1		
STREET ADDRESS			4.3 STRE	EET A	DDRESS		
CITY-ST-ZIP	NORTHBROOK IL		4.4 CITY	r-ST-	ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE	5.1 TITLE		Change Addition	
NAME	DOPUCH, ANDREW		5.2 NAME		- 1		
STREET ADDRESS			5.3 STREET ADDRESS		DDRESS		
CITY-ST-ZIP	NORTHBROOK IL		5.4 CITY	'-ST-	ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			62 NAM	1E	[
STREET ADDRESS			63 STRE	3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			
14. I hereby	certify that the information supplied v	with this filing does not qualify for	or the exen	nplic	on stated in	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
Indicate	d on th is annual report o <u>r sup</u> plement	tal annual report is true and acc	urate and	that	my signat	sture shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in	

OLONIATURE.

3/6/98

847-498-6440