PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000044651

1. Corporation Name

CITY-ST-ZIP

LOUR H	ANDOUR UTILITIES, INC.					
Principal Place	of Rusiness	Mailing Address			EBILL BIBLL BIBLD BILDL BILL	\$ 11 7 1 3681
		P.O. BOX 2100		<u> </u>		
3325 S.W. PINE AVENUE P.O. BOX 2100 OCALA FL 34471 OCALA FL 34478-2100						
US				DO NOT WRITE IN 1	HIS SPACE	
				3. Date Incorporated or Qualifed 06/24/1993		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applie	d For
21		26	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>59-3186623</u>		plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5." Certificate of Status Desired	\$8.75 Addi	
22					Fee Requir	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May	, ,
23		28		Trust Fund Contribution	Added to Fe	ees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible ☐ Yes ☐ I	No
24	25	29 3	0	Personal Property Tax. 10. Name and Address of New Registe		
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registe	rea Agent	
NOR	MAN, LINDA					
	S S PINE AVE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	LA FL 34471		83	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
			"			
			84 City		FL 85 Zip Code	e
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the nurnos	e of changing its reg	istered
office or re	egistered agent, or both, in the State of the agent with, and accept the obligate the obligate of the state o	of Florida. Such change was autitions of, Section 607.0505, Florid	nonzed by the corporation a Statutes. LINDA NOR ogistered Agent signature require	oration submits this statement for the purposon's board of directors. I hereby accept the a	e of changing its reg ppointment as registe 3/99	
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6.4 CITY-ST-ZIP 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 supplied with 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

□ DELETE

REQLINDATIORMAN

☐ Change

☐ Addition

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90034 036 ***150.00