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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 21 1997 8:00am

Secretary of State

DOCUMENT # P93000070410 (4)

VIRGINIA CITY UTILITIES, INC.

Principal Place of Business Mailing Address 8319 CONNIEWOOD SOUARE NEW PORT RICHEY FL 34853 P O BOX 845 NEW PORT RICHEY FL 34656-0845 3. Date Incorporated or Qualified 3a. Date of Last Report 10/11/1993 04/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3201803 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation has liability for intengible tax under s. 199.032, Yes 🗌 No 24 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent POTTER, JUDSON F 6319 CONNIEWOOD SQUARE Street Address (P.O. Box Number is Not Acceptable) 5914 Wyoming Auc. 82 Address change **NEW PORT RICHEY FL 34653** 34652 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 objection 607.0505, Figrida statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. OPVP DPVP DELETE 1.0 THEE TITLE Address POTTER, JUDSON F NAME 1.2 NAME same Change Wyoming Ave. 6319 CONNIEWOOD SQUARE 5914 1.3 STREET ADDRESS STREET ADDRESS New Port **NEW PORT RICHEY FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DST DELETE same TITLE 21 TITLE POTTER, MATTHEW A Address NAME 2.2 NAME 4319 Considered Sq **5914 WYOMING AVENUE** STREET ADDRESS 2.3 STREET ADDRESS **NEW PORT RICHEY FL** 2.4 CITY-ST-7IP CITY-ST-ZIP Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP CITY-ST-ZIP DILETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE ☐ Change 6.1 TO LE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - ZIP 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 recenter 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 attrichment with an address.