FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000024864 (8)**

1. Corporation Name

HATKO UTILITY SERVICES, INC.

Principal Place of Business

7061 PINEHURST DR
SPRING HILL FL 34606

Mailing Address

7061 PINEHURST DR
SPRING HILL FL 34606

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report: 03/13/1995

4. FEI Number: 59-3247006 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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**

HATFIELD, CLIFTON E
7061 PINEHURST DR
SPRING HILL FL 34606

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: Clifton E. Hatfield — CLIFTON E. HATFIELD (NOTE: Registered Agent signature required when remaining) — DATE: 4-5-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HATFIELD, CLIFTON E		1.2 NAME		
STREET ADDRESS	7061 PINEHURST DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HATFIELD, NANCY J		2.2 NAME		
STREET ADDRESS	7061 PINEHURST DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	~~KOZLOWSKI, CINDY L~~		3.2 NAME	Hatfield, Cindy L.	
STREET ADDRESS	6163 KURT ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34609		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Clifton E. Hatfield — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/5/96 — Daytime Phone #: (352) 683-4334

CR2E034 (12/95)