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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

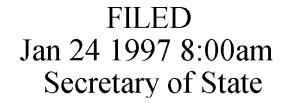
1997

DOCUMENT # P94000034204 (5)

D & R UTILITIES INC.

Principal Place of Business

Mailing Address





506 HARRISON AVE JAY FL 32565		506 HARRISON AVE JAY FL 32565-1042			
			3. Date Incorporated or Qualified 05/03/1994	3a. Date of Last Report 03/01/1996	
2. Principal Place of f	1	2a. Mailing Address		4. FEI Number	Applied For
21 3040	Henry Shell Rd	26 P. OB	er 33.1	59-3245522	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Florida	City & State	FLorida	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7ip 24	25 Senta Rosa	29 32565	Country Santa 8050		Yes No
	ame and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
STRICKLIN 506 HARRI JAY FL 325			83	ykes L Stricklin ddress (P.O. Box Number is Not Acceptable to Henry Shell Box 237	FL 85 Zip Code 32565
office or registere agent I am familia SIGNATUHE Signature	d agent or both, in the State with any accept the oblight	of Florida, Such change was nor for, Section 607,0505, F Real the Papilions (NC	authorized by the corp lorida Statutes. It. Registered Agent signature	corporation submits this statement for the poration's board of directors. I hereby acception and the properties of the p	of the appointment as registered
12.	OFFICERS AND	DELETE	44.777.5	^	Change Addition
NAME STRICE STREET ADDRESS 506 I	CKLING, DYKES L HARRISON AVE		1.1 TITLE 1.2 NAME 1.3 STREET ADORESS	Bykes L Strickling 13012 Hung 89 Tay EL 32565	E-molarity Approve
	FL 32565	T DELETE	14 GHY-S1-71P	Jay FL 32363	Ohanna Latellia
TIFLE D	OVUMO DODNEVI	☐ DELETE	21 TITLE	V	Change Addition
	CKLING, RODNEY L		2.2 NAME	` .	
	HENRY SHELL RD		2.3 STREFT AODRESS	> Dame	
	FL 32565	Document	2. 4 CITY - \$1 - ZIP	/	Change Addition
Tiffe		L) DELETE	3.1 TITLE	5	Change Addition
NAVE			3.2 NAME	Keith Strickling	
STREET ADDRESS			3.3 STREET ADDRESS	13012 Hug 84 32565	
CiTY - ST - ZIP			3.4. CITY - ST- ZIP	32565 FL 32565	
THUE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - S1 - ZiP			4 4 CITY-ST-ZIP		
TITLE		☐ DEL€TE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY (\$1 - 70)			5.4 CITY-ST-ZIP		
THUE		DELETE	6.1 TITLE		Change Additio
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			64 City - ST - ZIP		
	v that the information sumplied	Lwith this filmo does not gua		ated in Section 119.07(3)(i), Florida Statute	s. I further certify that the

. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplimental 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 rustee, 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 Alachysent with an address.

SIGNATURE

SIGNATURE AND TYPEO OF PRIMED NAME OF SIGNING OFFICED OF DIAECTOR

1/15/97 GOY 675-8024