

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

**FILED**

**Feb 12 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000060564 (9)**  
 1. Corporation Name  
**BRADEN RIVER UTILITIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>7550 LORRAINE ROAD BRADENTON FL 34202</b>	Mailing Address <b>7550 LORRAINE ROAD BRADENTON FL 34202</b>
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3. Date Incorporated or Qualified <b>08/08/1994</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0592970</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent  
**CHIOFALO, ANTHONY J  
7550 LORRAINE ROAD  
BRADENTON FL 34202**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARROLL, MARY FRAN</b>	
STREET ADDRESS	<b>7550 LORRAINE RD</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>JENSEN, REX</b>	
STREET ADDRESS	<b>7550 LORRAINE RD</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARKE, JOHN</b>	
STREET ADDRESS	<b>7550 LORRAINE RD</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>CHIOFALO, ANTHONY</b>	
STREET ADDRESS	<b>7550 LORRAINE RD</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Will President</b>
5.3 STREET ADDRESS	<b>Robert E. Furlong</b>
5.4 CITY-ST-ZIP	<b>7550 LORRAINE RD</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 trustee or partner employed 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 the appointment with an address.

SIGNATURE: \_\_\_\_\_ **2/5/98** **941 7556574**

CR2E034 (10/97)