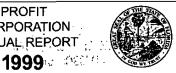
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION: ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400080040 1. Corporation Name

CENTURY ESTATES UTILITIES, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90025 027 ***150.00



						A r iia aa iai ar iia	#### 	
Principal Place of Business Mailing Address								
2301 CENTENNIAL BLVD LEESBURG FL 34748		2301 CENTENNIAL BLVD LEESBURG FL 34748		DO NOT IMPLIE IN THIS	20165			
	•				DO NOT WRITE IN THIS	SPACE		
	•				3. Date Incorporated or Qualified 10/28/1994		· .	
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Ap	plied For	
21		26	26		59-3333279	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		27	27		U. Certificate of States Seawed	Fee Re	quired	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees	
Zip Country		Zip			8. This corporation owes the current year Interest.		_	
24	25		10		Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	nt Registered Agent		T.,	10. Name and Address of New Registered	Agent		
I IAIA	DTAC JOCCDU V		81	Name				
LINARTAS, JOSEPH V			82	82 Street Address (P.O. Box Number is Not Acceptable)				
2301 CENTENNIAL BLVD LEESBURG FL 34748			·					
LEES	DOUNG FL 34/40		83	1				
	•		84	City	FL	85 Zip C	Code	
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-named comporation 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 SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required					ed when reinstating) DATE			
12. OFFICERS AND DIRE					ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	LINARTAS, JOSEPH V		1.2 NAME					
STREET ADDRESS	2301 CENTENNIAL BLVD		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	LEESBURG FL 34748		1.4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME	PAUL, LINARTAS J		2.2 NAME					
STREET ADDRESS	325 S ORLANDO AVE		2.3 STREE	TADORESS				
C/TY-ST-ZIP	WINTER PARK FL 32789		2.4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME	LINARTAS, JÖSEPH J	·	3.2 NAME		- ,			
STREET ADDRESS	1310 FAIRVIEW AVE		3.3 STREE	TADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32789		3.4. CITY-	ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	LINARTAS, JURA N		4. 2 NAME	:				
STREET ADDRESS	1310 FAIRVIEW AVE		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32789		4.4 CITY-	I				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS	,			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE	•	☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADORESS				
CITY-ST-ZIP	•		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 tipe 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 attachpoint with an oddress, with all other like empowered.

SIGNATURE: