

005250

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FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000046456 (6)

1. Corporation Name

UTILITIES, INC. OF LONGWOOD



Principal Place of Business  
200 WEATHERSFIELD AVENUE  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
2335 SANDERS RD  
NORTHBROOK IL 60062  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1995

4. FEI Number

36-4034620

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

RASMUSSEN, DONALD  
200 WEATHERSFIELD AVENUE  
ALTAMONTE SPRINGS FL 32714

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V  
NAME RASMUSSEN, DONALD  
STREET ADDRESS 200 WEATHERSFIELD AVENUE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ DELETE

TITLE  
NAME CEO  
NAME CAMAREN, JAMES L  
STREET ADDRESS 2335 SANDERS RD  
CITY-ST-ZIP NORTHBROOK IL 60062 ☐ DELETE

TITLE VS  
NAME DEMAREE, DAVID H  
STREET ADDRESS 2335 SANDERS RD  
CITY-ST-ZIP NORTHBROOK IL ☐ DELETE

TITLE P  
NAME SCHUMACHER, LAWRENCE N  
STREET ADDRESS 2335 SANDERS RD  
CITY-ST-ZIP NORTHBROOK IL 60062 ☐ DELETE

TITLE VP  
NAME DOPUCH, ANDREW N  
STREET ADDRESS 2335 SANDERS RD  
CITY-ST-ZIP NORTHBROOK IL 60062 ☐ DELETE

TITLE VP  
NAME WENZ, CARL J  
STREET ADDRESS 2335 SANDERS ROAD  
CITY-ST-ZIP NORTHBROOK IL 60062 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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

3/6/98

847-498-6440

CP2E034 (10/97)