

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000073790 (4)

1. Corporation Name
STRAIGHT LINE UTILITIES, INC.

Principal Place of Business

7590-103RD ST
SUITE 8
JACKSONVILLE FL 32210

Mailing Address

7530-103RD ST
SUITE 8
JACKSONVILLE FL 32210-0786

3. Date Incorporated or Qualified 09/25/1995
3a. Date of Last Report 04/12/1996

4. FEI Number 59-3338330
Applied For Not Applicable

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

2. Principal Place of Business
21 900 CECERY BLVD.
Suite, Apt. #, etc.
22 SUITE 104
City & State
23 JACKSONVILLE
Zip Country
24 32211 25 DUVAL
2a. Mailing Address
26 1112 THIRD STREET
Suite, Apt. #, etc.
27 SUITE 7
City & State
28 NEPTUNE BEACH, FL
Zip Country
29 32266 30 DUVAL

9. Name and Address of Current Registered Agent

KENNETH D. NEESMITH
7530-103RD ST
SUITE 8
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name DAVID K. HATTEN CPA
82 Street Address (P.O. Box Number is Not Acceptable)
1112 THIRD STREET
83 SUITE 7
84 City NEPTUNE BEACH FL 85 Zip Code 32266

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 *David K. Hatten* DAVID K. HATTEN APRIL 29, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	KENNETH D. NEESMITH	
STREET ADDRESS	751 LAKE ASBURY DR.	
CITY - ST - ZIP	GREEN COVE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 checked="" type="checkbox"/> Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	PHILIP E. TEACHEY
2.4 CITY - ST - ZIP	13028 MEDFORD LANE
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JACKSONVILLE, FL 32225
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 do 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: *David K. Hatten* FOR PHILIP E. TEACHEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID K. HATTEN CPA 4/29/97 904-249-7435
Date Daytime Phone