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

*PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000097687

1. Corporation Name

M.D. UTILITY CONTRACTORS, INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90106 050 ***158.75



				<u></u>)	
Principal Place	e of Business	Mailing Address				
475 STAN DRIVE 475 STAN DRIVE						
W MELBOURNE FL 32904 W MELBOURNE FL 32904			DO NOT WRITE IN THIS SPACE			
US US				3. Date Incorporated or Qualifed		
				12/22/1995		
9 Painein - 1 Pi	one of Business	2a. Mailing Address			pplied For	
コロベロベ	ace of Business	- C 1 2	14. Dr	- OF 0000400	lot Applicable	
21 / (8)	" oto	26 1/285 Wae Suite, Apt. #, etc.	I.FI OI	./ \$8.75	Additional	
					Required	
City & State	<u> </u>	City & State		. 6. Election Campaign Financing S5.00	May Be	
$\neg \infty$	bourne, Florida	28 Melbourne	Floric		to Fees	
23 1 1 <u> C </u> Zip	Country		Country	8. This corporation owes the current year Intangible		
24 Ta 29 V	10 25 7) 5	29 32940 30	115	Personal Property Tax. Yes	□No	
24 2 0	9. Name and Address of Current R		Υ=	10. Name and Address of New Registered Agent		
81 Name O				To a social		
BOWERS, JON				Jeorge I. Dowers		
475 STAN DRIVE			82 Street	Street Address (P.O. Gox Number is Not Acceptable)		
W MELBOURNE FL 32904				XOJ MACITO OTTO		
			84 City	elbourne - FL 85 3	2540	
44 Developed Casting 607 0500 and 607 4509 Elevido Statutes the above games conception submits this statement for the purpose of changing its registered.						
office or registered egent, 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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
TITLE	D	DELETE 1	I.1 TITLE	P/S Change	Addition	
NAME	BOWERS, JON	/ 1	1.2 NAME	George I Bowers) ;	
STREET ADDRESS	475 STAN DRIVE	/	1.3 STREET ADDRESS	728st waelf. Drive	1	
CITY-ST-ZIP	W MELBOURNE FL		I.A CITY-ST-ZIP	Melbourne F1 32940	{	
TITLE	,	☐ DELETE 2	2.1 TITLE	☐ Change	Addition	
NAME		2	2.2 NAME		1	
STREET ADDRESS	لينجي ليان والوجيون بالمنتب المنتبات		2.3 STREET ADDRESS			
CITY-ST-ZIP		1 2	2. 4 CITY-ST-ZIP			
TILE			3.1 TITLE	Change	☐ Addition	
NAME I		··	3.2 NAME		}	
STREET ADDRESS			3.3 STREET ADDRESS		}	
CITY-ST-ZIP		4	3.4. CITY-ST-ZIP			
TITLE			1.1 TITLE	☐ Change	Addition	
NAME			I. 2 NAME		1	
STREET ADDRESS		4	3 STREET ADDRESS)	
l i		1	4.4 CITY-ST-ZIP		1	
TITLE			5.1 TITLE	☐ Change	□ Addition	
NAME			5.2 NAME			
STREET ADDRESS		1	5.3 STREET ADDRESS			
!			5.4 C/TY-ST-ZIP			
CITY-ST-ZIP	Vie 18 28 28 28		3.1 TITLE	☐ Change	Addition	
MANG 1 4	Taka Marina da Araba Marina da Marina da Marina da Marina da M		6.2 NAME		_	
NAME STREET ADDRESS	in the transfer of the second		3.3 STREET ADDRESS			
STREET ADDRESS	•		3.5 OTT (AT 210		(

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, with all other like empowered.

SIGNATURE:

