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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000003905 (2)

Mailing Address
13730 STATE ROAD 84 Suite J Davie Fl 33325-5304

FILED May 14 1998 8:00am Secretary of State

JR UTI	LITY, INC.											
Principal Plac	e of Business	Mailing Addre	ess				1 1991	MAL HAN TAINA DEL	H BOHH BOUL	ABINI BANI AAI	86 11116 16111 6 61	El Bill (64)
13730 STATE	ROAD 84	13730 STATE	ROAD 84			Ì						
SUITE J		SUITE J										
DAVIE FL 33	325-5304	DAVIE FL 33	325-5304			<u> </u>	DO NOT WRITE IN THIS SPACE					
						ļ		corporated	or Qualifie	d		
6 Principal C	Place of Business	On Molling As	dene				4. FEI Nu	9/1996			—г.	n d F
—	TACE OF DUSITIONS	2a. Mailing Ad	Juless			}) 	oplied For
Suite, Apt.	# etc	Suite And	ete, Apt. #, etc.				00	0629845				ot Applicable Additional
22	7, 565.	27	. #, 010.	5. Certificate of Status Des					Desired		• • •	Additional equired
City & Stat	le	City & Sta	lo				6 Flection	n Campaign	Financino			May Be
23		28						und Contribu	_			to Fees
Zip	Country	Zip		Country	,					paid the cu	rrent year In	
24	25	29	30					al Property 1		•] No
	9, Name and Address of Cur	rrent Registered Ager	nl				I0. Name	and Addres	s of New	Registered	Agent	
WO	DODRUFF, RICHARD A			81	Name							
	730 STATE ROAD 84			82	Street	Address	(P.O. Box	Number is !	Int Accen	table)		
SU	ITE J			-	Ollook	7.00.000	· (o. b o»	TTO THE OTHER	101710000	100107		- 1
DA	ME FL 33325-5304			83								
				84	City						85 Zip	Code
										FL	• 1 `	
11, Pursuant	to the provisions of Sections 607. registered agent, or both, in the S	0502 and 607.1508, FI	orida Statutes, th	e abov	e-named	corpora	tion subm	ts this stater	nent for th	e purpose c	f changing it	ts registered
agent. La	registered agent, or nour, in the Si am familiar with, and accept the ob	bligations of, Section 6	07. 05 05, Florida 3	Statute:	y the corp s. •	poration	s board of	uirectors. 11	iereby act	cepi ine apj /	Joinimeni as /	registered
SIGNATURE	-// / // .c. f		0 Wood	a.zsi	> f)		a itet	ση	4	5/29	198	
	Signature types or printed name of registered	agent and rate Lappinsable	(NOTE Regis	tered Age	ent signature	e required w				DATE		
12.	OFFICERS D	AND DIRECTORS		13.		-D -					D DIRECTOR Change	RS IN 12 Addition
TITLE	SCOTT, JAMES DEAN	A		.1 TITLE		TO	SUN	END,	Nico	rt L		l
NAME	13730 STATE ROAD 84, S	elitte i		.2 NAME		13	730	STATE	: Roa	० ४५,	Suite	ר א
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STREET ADDRESS	DAVIE FL 33325-5304	OIL 3	1 1		ADDRESS	}						\$
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I NAME	1											
NAME Street Address			5		ADDRESS							
STREET ADDRESS			8	.3 STREET	ADDRESS							
	•		5								Change	Addition
STREET ADDRESS CITY-ST-ZIP			DELETE 6	.3 STREET							Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE		ט	DELETE 6	.3 STREET .4 CITY-S .1 TITLE .2 NAME							Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE 6 6 6	.3 STREET .4 CITY-S .1 TITLE .2 NAME	T-ZIP ADDRESS						Change	Addition

Thereby 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 suppliemental arrival 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.