

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

005247

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000006956 (2)

1. Corporation Name
WEDGEFIELD UTILITIES, INC.

Principal Place of Business 200 WEATHERSFIELD AVE ALTAMONTE SPRINGS FL 32714	Mailing Address 200 WEATHERSFIELD AVE ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/23/1996	
4. FEI Number 36-4071705		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent RASMUSSEN, DONALD UTILITIES, INC. 200 WEATHERSFIELD AVE 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	
85 Zip Code				FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUSSEN, DONALD	1.2 NAME	
STREET ADDRESS	200 WEATHERSFIELD AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	ALTAMONTE SPRINGS FL	1.4 CITY- ST- ZIP	
TITLE	CEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMAREN, JAMES	2.2 NAME	
STREET ADDRESS	2335 SANDERS RD	2.3 STREET ADDRESS	
CITY- ST- ZIP	NORTHBROOK IL	2.4 CITY- ST- ZIP	
TITLE	SVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMAREE, DAVID	3.2 NAME	
STREET ADDRESS	2335 SANDERS RD	3.3 STREET ADDRESS	
CITY- ST- ZIP	NORTHBROOK IL	3.4 CITY- ST- ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMACHER, LAWRENCE	4.2 NAME	
STREET ADDRESS	2335 SANDERS ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	NORTHBROOK IL	4.4 CITY- ST- ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENZ, CARL	5.2 NAME	
STREET ADDRESS	2335 SANDERS RD	5.3 STREET ADDRESS	
CITY- ST- ZIP	NORTHBROOK IL	5.4 CITY- ST- ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOPUCH, ANDREW	6.2 NAME	
STREET ADDRESS	2335 SANDERS RD	6.3 STREET ADDRESS	
CITY- ST- ZIP	NORTHBROOK IL	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)