

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

FILED

Mar 02 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 # P96000035763 (7)

1. Corporation Name
ACCURATE UTILITIES, INC.

Principal Place of Business
226 E ARBOR AVE
PT ST LUCIE FL 34952

Mailing Address
226 E ARBOR AVE
PT ST LUCIE FL 34952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Accurate Utilities Inc Suite, Apt. #, etc 22 14 Castle CT City & State 23 FT. Pierce FL Zip 24 34949		2a. Mailing Address 26 Accurate Utilities Inc Suite, Apt. #, etc 27 14 Castle CT City & State 28 FT. Pierce FL Zip 29 34949		3. Date Incorporated or Qualified 04/22/1996		4. FEI Number 65-0672774		Applied For Not Applicable	
5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	
10. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		11. Yes		12. No		13. Yes		14. No	

9. Name and Address of Current Registered Agent WHITESIDE, DAVID S 226 E ARBOR AVE PT ST LUCIE FL 34952		10. Name and Address of New Registered Agent 81 Name Whiteside David E 82 Street Address (P.O. Box Number is Not Acceptable) 14 Castle CT 83 FT Pierce 84 City FL 85 Zip Code 34949	
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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 Whiteside DATE: 2/25/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITESIDE, DAVID E 226 E ARBOR AVE PT ST LUCIE FL 34952	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Whiteside David E 14 Castle CT FT Pierce FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITESIDE, STEPHANIE R 226 E ARBOR AVE PT ST LUCIE FL 34952	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice Pres Whiteside Stephanie R 14 Castle CT FT Pierce FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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: David Whiteside DATE: 2/25/98 561-4894411

CR2034 (10/97)