


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

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99 SEP 10 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000063546</b>					
1. Corporation Name <b>ROPER UTILITIES, INC.</b>					
Principal Place of Business <b>244 GARDENIA ROAD VENICE FL 34293</b>			Mailing Address <b>POST OFFICE BOX 6065 VENICE FL 34290</b>		

2. Principal Place of Business 21 <b>855 Rosedale Rd</b> Suite, Apt. #, etc. 22 <b>Venice FL 34293</b> City & State 23 <b>Venice FL</b> Zip 24 <b>34293</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>855 Rosedale Rd</b> Suite, Apt. #, etc. 27 <b>Venice FL</b> City & State 28 <b>Venice FL</b> Zip 29 <b>34293</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>07/23/1997</b>	
4. FEI Number <b>65-0768734</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. <b>\$5.00</b> May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>				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 <b>FL</b>	
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ROPER, ERIN MARIE 244 GARDENIA ROAD VENICE FL 34293</b>	1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<b>PSTD ROPER, ERIN MARIE 855 Rosedale Rd. Venice FL 34293</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<b>100002988321-1 -09/15/99-01100-012 ****150.00 ****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 62 NAME 63 STREET ADDRESS 64 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2699

Date

941-468-2824

Daytime Phone #

CR2E034 (11/98)

8-26-99

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Florida Dept. of State

To Whom It May Concern,

Enclosed you will find a check  
for 150<sup>00</sup> for the filing fee for  
ROPER UTILITIES, Inc.

This was a major oversight due  
to a move and a local P. office  
business being shut down in Venice.  
Somehow some mail got in the wrong  
places.

My apologies to this oversight and  
I hope that I filled out the forms  
correctly and that you will accept  
my payment.

Sincerely,

Erin M. Roper  
President, Roper Util. Inc.  
855 Rosedale Rd.  
Venice Fl. 34293  
941-468-2824