**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEP/RTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS \*

## FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90210 024 \*\*\*300.00

	n Name	071837				
CLARY U	JTILITY LOCATION, INC.					
- (a)		Maitin Address	796	- Service of the serv	<u>ij (888) (788) ibibs</u>	illi illi illi
Principal Place	_	Mailing Address				
830 CROWN P	OINT ROAD	3830 CROWN POINT ROAD SUITE A	,			
Suite a Jacksonvii Le Fl. 32257		JACKSONVILLE FL 32257		DO NOT WRITE IN THIS SPACE		
				3. Date ir corporated or Qualifed 08/19/1997		
2. Principa Place of Business		2a. Mailing Address		4. FEI Number	App	lied For
1		26		59-3463390		Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifc te of Status Desired	\$8.75 A Fee Rec	
2		27				
City & State	e	City & State			\$5.00.1 Added to	
3	Country	Zip	Country	8. This corporation owes the current year	ntangible	
Zip -	25	<u> </u>	30	Personal Property Tax.		
<u> </u>	9. Name and Address of Curren			10. Name and Address of New Registers	d Agent	
	a. Heline sind Addison of Society		81 Name	ard Douglas A		
	ry, gregory b		82 Street Acd	tress (B.O. Box Number is Not Appentable)	·	
3830	CROWN POINT ROAD		130	16011 LITEDY	21000	
SUIT	<del></del> ·		83			
JACH	KSONVILLE FL 32257		BA CITY	<del>, ,</del>	. 85 Zip C	inde
				icksonville F	1     22	20+
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statuti	es, the above-named con	poration submits this statement for the purpose ion's board of cirectors. I hereby accept the appropriate the statement of th	of changing its	nigistered
office or re	egistered agent, or both in the State	of Florida/Sylch change was at tions of Section 607,0505, Flor	uthorized by the corporati rida Statutes.	ion's poard of cirectors. I nereby accept the ap	Difficilient as reg	jisioroe
	the territorial territorial production about an	4 3 14 4 1 QQDDD11 4 2 3 1 1 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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	Signature apped or printed name of registered ager		: Registered Agent signature requir	ed when reinstating) DATE		
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SIGNATURE	Signature, typid or printed he ne of registered ager OFFICERS AN	at and bite if applicable. (NOTI:	: Registered Agent signature requir	ed when reinstating) DATE		
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