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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000045267

1. Corporation Name

CHEVAL UTILITIES, INC.

Principal Place of Business

4600 W. KENNEDY BLVD.
TAMPA FL 33609

Mailing Address

4600 W. KENNEDY BLVD.
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1998

4. FEI Number

65-0837841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3939 Cheval Blvd

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL

24 33545 25 USA

2a. Mailing Address

26 3939 Cheval Blvd.

Suite, Apt. #, etc.

27 City & State

28 Tampa, FL

29 33545 30 USA

9. Name and Address of Current Registered Agent

SALEM, ALBERT M JR.
4600 W. KENNEDY BLVD.
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name ZED M. TURNER

82 Street Address (P.O. Box Number is Not Acceptable)

83 3285 Tarpon Woods Blvd

84 City Palm Harbor FL 85 Zip Code 34685

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	☒ DELETE
NAME	SALEM, ALBERT M JR.	
STREET ADDRESS	4600 W. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA-FL-33609	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVS	☒ Change ☐ Addition
1.2 NAME	Charles V. Maynard	
1.3 STREET ADDRESS	3308 West San Nicholas	
1.4 CITY-ST-ZIP	Tampa, FL 33629	

2.1 TITLE	DPT	☐ Change ☒ Addition
2.2 NAME	James M. Stackpole	
2.3 STREET ADDRESS	4433 Avenue Cannes	
2.4 CITY-ST-ZIP	Tampa, FL 33545	

3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		☐ Change ☐ Addition
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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)