

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90098 042 ***150.00

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1. Corporation Name

CENTERLINE UTILITIES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1998

4. FEI Number

APPLIED FOR

X Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax.☒ Yes☐ No

9. Name and Address of Current Registered Agent

HUFFMAN, KENT
223 SUNSET AVE, STE 130
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HUFFMAN, KENT
223 SUNSET AVE, STE 130
PALM BEACH FL 33480

13. 1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P/D
FREDERICK H. CHESNEY
C/O HUFFMAN, 223 SUNSET AVENUE
PALM BEACH, FL 33480

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HUFFMAN, KENT
223 SUNSET AVE, STE 130
PALM BEACH FL 33480

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D/S
MARQUETTE CHESNEY
C/O HUFFMAN, 223 SUNSET AVENUE
PALM BEACH, FL 33480

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HUFFMAN, KENT
223 SUNSET AVE, STE 130
PALM BEACH FL 33480

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

HUFFMAN, KENT
223 SUNSET AVE, STE 130
PALM BEACH FL 33480

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HUFFMAN, KENT
223 SUNSET AVE, STE 130
PALM BEACH FL 33480

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

HUFFMAN, KENT
223 SUNSET AVE, STE 130
PALM BEACH FL 33480

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HUFFMAN, KENT
223 SUNSET AVE, STE 130
PALM BEACH FL 33480

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

HUFFMAN, KENT
223 SUNSET AVE, STE 130
PALM BEACH FL 33480

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HUFFMAN, KENT
223 SUNSET AVE, STE 130
PALM BEACH FL 33480

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

HUFFMAN, KENT
223 SUNSET AVE, STE 130
PALM BEACH FL 33480

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/8/99

833-5833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (1/198)