Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90242 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000098793

1. Corporation Name

UTILITE	K OF CENTRAL FLORIDA	, INC.) 1889/1881 (178 /878) (1891) 88/11/ 88/11/ 8	1))	
Principal Place of Business Mailing Address							
2718 DOBBIN DRIVE 2718 DOBBIN DRIVE							
ORLANDO FL 32817 ORLANDO FL 32817					DO NOT WRI	TE IN THIS SPACE	
					3. Date Incorporated or Qualifed		
					11/24/1998		{
2. Principal Pl	lace of Business	2a. Mailing Address			4 EEI Number	Ap	plied For
21		26			59-35479	10 No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	
22		27			5. Certificate of Cizios Desired	Fee Re	equired
City & State	е	City & State			6. Election Campaign Financing		May.Be
23		28			Trust Fund Contribution	Added 1	to Fees
Zip	Country	Zip	Country		8. This corporation owes the curr	rent year Intangible Yes	□No
24	25		30		Personal Property Tax. 10. Name and Address of New F		L NO
	9. Name and Address of Curr	rent Registered Agent	81	Name	10. Name and Address of New 7	tegistered Agent	
MAG	GILL, PATRICK M ESQUIRE						
	EAST ROBINSON STREET		82	Street Ad	ldress (P.O. Box Number is Not Accepta	able)	{
	ANDO FL 32803		83				
	<u>.</u>						
			84	City		FL 85 Zip	Code
							rogisto, ou
office or re agent. I a	egistered agent, or both, in the Sta	0502 and 607.1508, Florida Statutes ate of Florida. Such change was au- ligations of, Section 607.0505, Flori	ithorized by	the corpora	ation's board of directors. I hereby accep	pt the appointment as re	gistered
office or re agent. I as SIGNATURE	egistered agent, or both, in the Sta	ate of Florida. Such change was autiligations of, Section 607.0505, Floridations	ithorized by ida Statutes	the corpora	ation's board of directors. I nereby acce	DATE	yistered
office or re agent. I as SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered	ate of Florida. Such change was autiligations of, Section 607.0505, Floridations	ithorized by ida Statutes	the corpora	ation's board of directors. I nereby acce	DATE FICERS AND DIRECTO	DRS IN 12
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CITY-ST-ZIP 14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR