

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 17 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S09338** (2)

1. Corporation Name

NORTH COUNTY UTILITY CORPORATION

Principal Place of Business

1555 PALM BCH LAKES BLVD.
S-1100
WEST PALM BCH. FL 33401

Mailing Address

1555 PALM BCH LAKES BLVD.
S-1100
WEST PALM BCH. FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/16/1990	3a. Date of Last Report 04/20/1994
4. FEI Number 65-0227065	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Sute, Apt #, etc	26 Sute, Apt #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ECCLESTONE, E. LLWYD, JR. 1555 PALM BCH LAKES BLD. S-1100 W PALM BCH. FL 33401	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 of Registered Agent and Director) (Signature of Registered Agent and Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ECCLESTONE, E. LLWYD, JR	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECCLESTONE, E. LLWYD, JR	12 NAME	
STREET ADDRESS	1555 PALM BCH LAKES BLVD	13 STREET ADDRESS	
CITY ST ZIP	W PALM BCH. FL	14 CITY ST ZIP	
TITLE	V ECCLESTONE, E. L, III	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECCLESTONE, E. L, III	22 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD	23 STREET ADDRESS	
CITY ST ZIP	W PALM BEACH FL	24 CITY ST ZIP	
TITLE	VTD COOPER, RON	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, RON	32 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD	33 STREET ADDRESS	
CITY ST ZIP	W PALM BEACH FL	34 CITY ST ZIP	
TITLE	S LEYENDECKER, HELENA	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEYENDECKER, HELENA	42 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD	43 STREET ADDRESS	
CITY ST ZIP	W PALM BEACH FL	44 CITY ST ZIP	
TITLE	EVP JERMAN, RICHARD A	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERMAN, RICHARD A	52 NAME	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD	53 STREET ADDRESS	
CITY ST ZIP	W. PALM BEACH FL	54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 113.03(3)(k), 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 amendment with an address.

SIGNATURE: **Ron Cooper** *Ron Cooper* **4/5/95** **407/686-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone