

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/16/1990

3a. Date of Last Report

04/17/1995

4. FEI Number

65-0227065

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 Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ECCLESTONE, E. LLWYD, JR.  
STREET ADDRESS 1555 PALM BCH LAKES BLVD  
CITY-ST-ZIP W PALM BCH. FL ☐ DELETE

TITLE V  
NAME ECCLESTONE, E. L, III  
STREET ADDRESS 1555 PALM BCH LKS BLVD  
CITY-ST-ZIP W PALM BEACH FL ☐ DELETE

TITLE VTD  
NAME COOPER, RON  
STREET ADDRESS 1555 PALM BCH LKS BLVD  
CITY-ST-ZIP W PALM BEACH FL ☐ DELETE

TITLE S  
NAME LEYENDECKER, HELENA  
STREET ADDRESS 1555 PALM BCH LKS BLVD  
CITY-ST-ZIP W PALM BEACH FL ☐ DELETE

TITLE EYP  
NAME JERMAN, RICHARD A  
STREET ADDRESS 1555 PALM BEACH LAKES BLVD  
CITY-ST-ZIP W PALM BEACH FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 119.07(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 attachment with an address.

SIGNATURE: Ron Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

407/686-2000

Date

Daytime Phone

CR2E034 (12/95)