## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S24262

(5)

UTILITIES SERVICES GROUP, INC.

	1	ILEL	)
Aug	18	1997	8:00am
Sec	cret	ary o	f State

Principal Plac	Principal Place of Business Mailing Address		-	C CREDITORO COM CONTROL ALPUS ALPUM PITTOR CONT	araı, 4,6it Eidit Bidit dibit bidit 188)
14950 HEATHROW FOREST SUITE 200		14950 HEATHROW FOREST SUITE 200		DO NOT WRITE	IN THIS COACE
HOUSTON TX 77032-3842 HOUSTON TX 7703		HOUSTON TX 77032-3842		3. Date Incorporated or Qualified	3a. Date of Last Report
				01/11/1991	07/17/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		76-0328166	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		<b>5.</b> Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pai	
24	25		30	Personal Property Tax due June	
	9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Reg	distered Agent
	JMP, MICHEAL			T Corporation System	_
	EVERLY HILLS BLVD		B2 Street Add	ress (P.O. Box Number is Not Accestable	e.
BEV	ÆRLY HILLS FL 34465		83 B3	outh Pine Island Road	
	_		84 City	A - A - 2	FL 85 Zip Code 33324
11 Purcuant	to the provisions of earling 607 0503	2 and 607 1508. Florida Statute	e the above-named cov	tation 1	
office or r	registered agent th, in the State	of Florida Such change was a	uthorized by the corpora	poration submits this statement for the pition's board of directors. I hereby accept	t the appointment as registered
	im familiar wie (1988) arcop) the obliga				814197
SIGNATURE	Signature, typed or printed name of registered agor	of and title if emplicable (NOTE	Wallace, Ass Registered Agent signature requi	red when reinstatino)	8 (9 (7 ) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Robert C. Black yaso Heathrow Fores	Change 🔼 Addition
NAME	STUMP, MICHAEL M.	<i>(</i> )	1.2 NAME	Obert C. Black_	1 0 200
STREET ADDRESS	14950 HEATHROW FOREST	•	1.0 SHILLE KODILGO	1 150	T PKWG, Ste 200
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP	Houston, TX 77032	
TITLE	TD	DELETE	2.1 TITLE	•	☐ Change ☐ Addition
NAME	GOTTENSTRATER, WILLIAM K	<b>/</b> 1	2.2 NAME		ļ
STREET ADDRESS	14950 HEATHROW FOREST		2.3 STREET ADDRESS		Į
CITY-ST-ZIP	HOUSTON TX	Decem	2.4 CITY-S1-ZIP		
TITLE	V COLUMBO MATO D	DELETE	31 TITLE		Change Addition
NAME	COLUMBO, JAMES D		3.2 NAME		
STREET ADDRESS	14950 HEATHROW FOREST		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	HOUSTON TX	DELETE	3 4. CITY-ST-ZIP		Change Addition
	KNEIPP, DEBORAH C	April	4.1 NTLE		Change LI Addition
NAME ETRICET ADDRESS	14950 HEATHROW FOREST	•	4, 2 NAME		
STREET ADDRESS	HOUSTON TX		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	HOOSION IX	DELETE	4.4 CITY-S1-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		Ti Outuigo   Li Modiffoli
STREET ADDRESS			5.3 STREET ADDRESS		
STREET AUDITESS			0.5 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. Ffurther certify that the information indicated on this annual report or supplemental annual report is true and itself 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 this tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or filed 13 if changed, good an attachment with an address.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

TITLE

NAME

STREET ADDRESS

2 4 97

1281) 449-1500

Change

Addition