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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # COO

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90072 032 ***150.00

| Corporation | WEN # 528 1/3 | • | | | |
|--|---|---|---|--|---|
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| UTILITY | ANALYSIS, INC. | | | | |
| | . , . | | | | |
| | | | | | |
| Principal Place | e of Business | Mailing Address | | | |
| 7320 DUNAWAY | = - | 7320 DUNAWAY DRIVE | | | |
| NASHVILLE TN | 37221-1110 | NASHVILLE TN 37221-1110 | | DO NOT WRITE IN TH | IIS SPACE |
| | • | | | 3. Date Incorporated or Qualifed | |
| | | | | 01/28/1991 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0238095 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | <u> </u> | 27. | | 5. Certificate of Status Desired | Fee Required |
| City & Stat | 9 | 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 the current year | |
| 24 | 25 | | 30 | Personal Property Tax. | ☐ Yes No |
| • | 9. Name and Address of Curren | t Registered Agent | 81 Name | 10. Name and Address of New Registere | d Agent |
| HIM | CIE PAT | | of Name | | |
| HINKLE, PAT 1331 SW 117 WAY | | | 82 Street Ad | idress (P.O. Box Number is Not Acceptable) | |
| | LAUDERDALE FL 33325 | | 83 | | |
| | DIODENDALE I E OCCES | | 03 | | |
| | | | 84 City | F | 85 Zip Code |
| 44 = | | 0 d 007 4500 Flid- Ct-tut- | - th- shows named as | prporation submits this statement for the purpose | |
| office or ragent. I a | egistered agent, or both, in the State of familiar with, and accept the obligat | of Florida. Such change was autions of, Section 607.0505, Flori | thorized by the corpora da Statutes. | ation's board of directors. I hereby accept the app | pointment as registered |
| - | | | | | i |
| SIGNATURE | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | | Registered Agent signature requ | | AND DIRECTORS IN 12 |
| 12. | OFFICERS AN | D DIRECTORS | 13. | uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | |
| 12. TILE | OFFICERS AN | | 13. 1.1 TITLE | 3, | AND DIRECTORS IN 12 Change Addition |
| 12. TITLE NAME | OFFICERS AN PD JONES, LARRY D. | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME | 3, | |
| 12. TITLE NAME STREET ADDRESS | PD JONES, LARRY D. 7320 DUNAWAY DRIVE | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | 3, | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AN PD JONES, LARRY D. | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | 3, | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PD JONES, LARRY D. 7320 DUNAWAY DRIVE | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | 3, | ☐ Change ☐ Addition |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | PD JONES, LARRY D. 7320 DUNAWAY DRIVE | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | 3, | ☐ Change ☐ Addition |
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CITY-ST-ZIP 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.