

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 # S58956 (1)

1. Corporation Name
NORTHWEST UTILITY I, INC.



Principal Place of Business
**4651 SALISBURY RD.
S-250
JACKSONVILLE FL 32256**

Mailing Address
**4651 SALISBURY RD.
S-250
JACKSONVILLE FL 32256**

2. Principal Place of Business
21 **2395 Intl. Golf Pkwy**
Sub. Apt. #, etc.
22
City & State
23 **St. Augustine, FL**
Zip
24 **32095** Country
25 **FL**

2a. Mailing Address
26 **2395 Intl. Golf Pkwy**
Sub. Apt. #, etc.
27
City & State
28 **St. Augustine, FL**
Zip
29 **32095** Country
30 **FL**

3. Date Incorporated or Qualified
06/05/1991

3a. Date of Last Report
01/30/1995

4. FEI Number
59-3131179

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. 190.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**PAPPAS, M. LYNN
3301 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

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 607.0002 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 agree to the provisions of Sections 607.0002, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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 as an attachment with an address.

SIGNATURE: **James E. Davidson, Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96

(904) 826-4443

CR2E034 (12/95)