FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # **V10988** **(6)**

1. Corporation Name
UTILITY PARTNERS, INC.

Principal Place of Business
TMA/DBA UTILITY PARTNERS. INC
600 N WESTSHORE BLVD.. STE 1200
TAMPA FL 33609
US

Mailing Address
TMA/DBA UTILITY PARTNERS. INC
600 N WESTSHORE BLVD.. STE 1200
TAMPA FL 33609
US

3. Date Incorporated or Qualified: 02/03/1992
3a. Date of Last Report: 03/13/1995

2. Principal Place of Business
21 UTILITY PARTNERS, INC.
Suite, Apt. #, etc.
22 SUITE 1200
City & State
23 TAMPA, FLORIDA
Zip 24 33609-1145 Country 25 USA

2a. Mailing Address
26 600 N. WESTSHORE BLVD.
Suite, Apt. #, etc.
27 SUITE 1200
City & State
28 TAMPA, FLORIDA
Zip 29 33609-1145 Country 30 USA

4. FEI Number: ~~93-0184272~~ 93-1084272 — 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

9. Name and Address of Current Registered Agent
REED, TIMOTHY A.
6111 SCHOONER WAY
TAMPA FL 33615

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 607.0502 and 607.0505, Florida Statutes, the undersigned 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: TIMOTHY A. REED — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	REED, TIMOTHY A.	
STREET ADDRESS	6111 SCHOONER WAY	
CITY, ST, ZIP	TAMPA FL 33615	
TITLE	D	☐ DELETE
NAME	KENNEDY, JAMES F.	
STREET ADDRESS	6120 GALLEON WAY	
CITY, ST, ZIP	TAMPA FL 33615	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 17

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied on this form is voluntary, timely 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 is added in Block 13 with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)