FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
[illegible] MAY -1 [illegible]
[illegible] TALLAHASSEE, FLORIDA

DOCUMENT # **V44930** (8)

1. Corporation Name

BAYOU UTILITY GRASSING SERVICE, INC.

Principal Place of Business	Mailing Address
ROUTE 1, BOX 1041-F NICEVILLE FL 32578	ROUTE 1, BOX 1041-F NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1992
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-3128598 — ☐ 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

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HUTCHESON, DOUGLAS A.
501 MARY ESTHER CUTOFF
UNIT 1
FORT WALTON BEACH FL FL 32548

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 607.1508, 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) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☒ Change ☐ Addition
NAME	WEATHERS, JAMES C.	DELETE
STREET ADDRESS	421 MARINIQUE COURT	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	VD	PD ☒ Change ☐ Addition
NAME	PRICE, BRUCE K.	
STREET ADDRESS	ROUTE 1, BOX 110 A-1	
CITY-ST-ZIP	FREEPORT FL	
TITLE	VD	☐ Change ☐ Addition
NAME	PRICE, STAN D.	
STREET ADDRESS	107 LINCOLNSHIRE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VD	☐ Change ☐ Addition
NAME	SIMS, PAUL G.	
STREET ADDRESS	319B GLEN AVENUE	
CITY-ST-ZIP	VALPARAISO FL	
TITLE	VD	ST ☒ Change ☐ Addition
NAME	SIMS, JOHN C. IV	
STREET ADDRESS	110 AUCILLA COVE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, 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: [signature] John C. Sims IV Sec/Treas. 5/1/95 904-678-6095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0391881 CP