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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V64378

(5)

1. Corporation Name
RHV UTILITY, INC.

Principal Place of Business
2424 N. ESSEX AVENUE
HERNANDO FL 34442

Mailing Address
2424 N. ESSEX AVENUE
HERNANDO FL 34442-5320



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1992		3a. Date of Last Report 04/19/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number 59-3142890		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

COX, JR., ALVAH L CPA, PA
2424 N. ESSEX AVENUE
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	LEWIS, DOUG W	1.2 NAME	HENRY STRIEGL
STREET ADDRESS	4734 S. ACREE PT.	1.3 STREET ADDRESS	11781 WEST FISHERMAN LANE
CITY-ST-ZIP	HOMOSASSA FL 34448	1.4 CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	VPST	2.1 TITLE	VP
NAME	STEWART, JAMES	2.2 NAME	
STREET ADDRESS	5151 S. RUNNING BROOK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34448	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	T
NAME	BELLAND, SAMUEL	3.2 NAME	ROBERT MILLER
STREET ADDRESS	5214 STETSON PT. DRIVE	3.3 STREET ADDRESS	11690 WEST TIMBERLANE DR.
CITY-ST-ZIP	HOMOSASSA FL 34448	3.4 CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	D	4.1 TITLE	D
NAME	BULLEN, JOHN	4.2 NAME	GARY DOROMER
STREET ADDRESS	5211 STETSON PT. DRIVE	4.3 STREET ADDRESS	1518 U.S. HWY 19-SUITE C
CITY-ST-ZIP	HOMOSASSA FL 34448	4.4 CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	D	5.1 TITLE	
NAME	CURRIER, ELWOOD	5.2 NAME	
STREET ADDRESS	9781 W. HALLS RIVER RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34448	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CURRIER, MILDRED	6.2 NAME	
STREET ADDRESS	9781 W. HALLS RIVER RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34448	6.4 CITY-ST-ZIP	

14. I do 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 my address.

SIGNATURE _____ APPROVED _____ 4/18/97 352-746-1400

CR2E034 (9/96)