

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 *Amin*

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Nov 20 1997 8:00 am
Secretary of State

DOCUMENT # V64378
1. Corporation Name

RHV UTILITY, INC.

Principal Place of Business

2424 N. Essex Avenue
Hernando, FL 34442

Mailing Address

2424 N. Essex Ave.
Hernando, FL 34442

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 9. Name and Address of Current Registered Agent

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
09/16/92

3a. Date of Last Report
04/19/96

4. FEI Number
59-3142890

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

Alvah L. Cox, Jr., CPA, P.A.
2424 N. Essex Avenue
Hernando, FL 34442

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD -
NAME Henry Striegl
STREET ADDRESS 11781 West Fisherman Lane
CITY-ST-ZIP Homosassa, FL 34448 ☐ DELETE

TITLE VPD -
NAME James Stewart
STREET ADDRESS 5151 S. Running Brook Drive
CITY-ST-ZIP Homosassa, FL 34448 ☐ DELETE

TITLE TD -
NAME Robert Miller
STREET ADDRESS 11690 West Timberlane Drive
CITY-ST-ZIP Homosassa, FL 34448 ☐ DELETE

TITLE D
NAME John Bullen
STREET ADDRESS 5211 S. Stetson Pt. Drive
CITY-ST-ZIP Homosassa FL 34448 ☐ DELETE

TITLE D
NAME William Lyons
STREET ADDRESS 901 N. Venturi Av. (send mail to
CITY-ST-ZIP Crystal River, FL PO Box 276
34423-0276) ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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.

SIGNATURE

President

x 11-7-97

Daytime Phone #

CR2E034 (9/96)