

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90057 033 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F69772**

1. Corporation Name  
**PLACID UTILITIES COMPANY**



Principal Place of Business 149-C S. RIDGEWOOD AVENUE P O BOX 10809 DAYTONA BCH. FL 32120-0809 US	Mailing Address 149-C S. RIDGEWOOD AVENUE P O BOX 10809 DAYTONA BCH. FL 32120-0809 US
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DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified <b>03/04/1982</b>	4. FEI Number <b>59-2185464</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CRISP, LINDA**  
**149-C SOUTH RIDGEWOOD AVE**  
**DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>CRISP, LINDA</b>
STREET ADDRESS	<b>149-C S. RIDGEWOOD AVE.</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>TEETERS, BRUCE W</b>
STREET ADDRESS	<b>10 BROADRIVER ROAD</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>LAGONI, PATRICIA A</b>
STREET ADDRESS	<b>131 MUIRFIELD DRIVE</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>APGAR, ROBERT F</b>
STREET ADDRESS	<b>149-C S. RIDGEWOOD AVENUE</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>MOOTHART, GARY</b>
STREET ADDRESS	<b>149-C S. RIDGEWOOD AVE</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Linda Crisp **SIGNATURE REQUIRED** Linda Crisp, Secretary 4/1/99 904-255-7558  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPDEN34 (4/1/98)