

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *F95000002692*

1. Corporation Name
MADSEN - BARR/PHILIP UTILITIES CORPORATION, INC.

Principal Place of Business **Mailing Address**

109 APPLEWOOD DRIVE
LONGVIEW, FL 32750

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 1st NOVEMBER, 1994	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number 76-0469163	Applied For Not Applicable
23 Zip	25 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE _____
(Signature type etc. as for name of registered agent. Do not file if not applicable) (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	JAMES LAWRENCE
STREET ADDRESS	100 KING ST. W.
CITY-STATE-ZIP	HAMILTON ON L8N 4J6
TITLE	EXECUTIVE VICE PRESIDENT <input type="checkbox"/> DELETE
NAME	PHILIP FRACASSI
STREET ADDRESS	100 KING ST. W
CITY-STATE-ZIP	HAMILTON ON L8N 4J6
TITLE	SECRETARY <input type="checkbox"/> DELETE
NAME	COLIN SOULE
STREET ADDRESS	100 KING ST. W
CITY-STATE-ZIP	HAMILTON ON L8N 4J6
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	JOHN WOODCROFT
STREET ADDRESS	100 KING ST. W
CITY-STATE-ZIP	HAMILTON ON L8N 4J6
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	PHILIP FRACASSI
STREET ADDRESS	100 KING ST. W.
CITY-STATE-ZIP	HAMILTON ON L8N 4J6
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	JAMES LAWRENCE
STREET ADDRESS	100 KING ST. W
CITY-STATE-ZIP	HAMILTON ON L8N 4J6

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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*****150.00**

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.

SIGNATURE: *Colin Soule* **COLIN SOULE, SECRETARY** **March 30, 1998 (905)521-1600**

CP2E034 (10/97)