SÉCOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

DOCUMENT # F95000002692

Madsen-Barr/Philip Utilities Corporation, Inc.

99 FEB 10 PM 3: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

Suite. Apt. #, etc. Suite. Apt. #, etc.	Applied For Not Applicable 5 Additional 9 Required 00 May Be ed to Fees Intangible No
Longview, FL 32750 Hamilton, Ontario Canada, L8N 4J6 3. Date Incorporated or Qualified 1 \$t November, 1994 2. Principal Place of Business 2a. Mailing Address 2b. Suite. Apt. #, etc. 2c. Suite. Apt. #, etc. 2d. Suite. Apt. #, etc. 2d. City & State 2d. City & State 2d. City & State 2d. City & State 2d. Country 2d. Suite. Apt. #, etc. #, et	Not Applicable 5 Additional Required 00 May Be ed to Fees Intangible No
Long view, FL 32750 Hamilton, Ontario Canada, L8N 4J6 3. Date Incorporated or Qualified 1 st November, 1994 2. Principal Place of Business 22. Mailing Address 23. Mailing Address 24. FEI Number 25. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. City & State 20. City & State 20. City & State 21. City & State 22. City & State 23. Country 24. Supplementation System 25. Country 26. Supplementation System 27. Country 28. This corporation owes or hes paid the current year Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 29. Name and Address of Current Registered Agent 29. Name and Address of Current Registered Agent 29. Name and Address of System 29. Name and Address of Current Registered Agent 29. Name and Address of System 29. Supplementation System 20. South Pine Island Road 29. Street Address (P.O. Box Number is Not Acceptable) 10. Name and Address of New Registered Agent 20. South Pine Island Road 20. Supplementation System 21. Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits his statement for the purpose of changing it office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment a spent. I am familiar with, and accept the obligations of section 607.0505, Florida Statutes. SIGNATURE Signature yead or printed name of agents agent and title 4 applicable (April 1) This 3 DELETE 117THE 3 DELETE 117THE 3 DELETE 117THE 4 DELETE 117THE 4 DELETE 117THE 5 DELETE 117TH	Not Applicable 5 Additional Required 00 May Be ed to Fees Intangible No
Canada, L8N 4J6 3. Date Incorporated or Qualified 1 st November, 1994 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 27 28 City & State City & State City & State City & State Country 29 Country 29 Country 29 Country 29 Country 20 South Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation, FL 33324 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 it 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 a spent. I am familiar with, and accept the obligations of, sections 607 0505, Florida Statutes. Signature Typed or printin name of registered agent and the # application of the Registered Agent in printing agent in a familiar with, and accept the obligations of, sections 607 0505, Florida Statutes. Signature Typed or printin name of registered agent and the # application of the Control of the Control of Control o	Not Applicable 5 Additional Required 00 May Be ed to Fees Intangible No
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Finding Address 3. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Principal Place of Business 3. Certificate of Status Desired 3. Fee 4. FEI Number 7. 6-0.46.916.3 \$. Trust Fund Contribution 4. Add 5. Certificate of Status Desired 6. Election Campaign Financing 5. Trust Fund Contribution 6. Election Campaign Financing 7. Add 7. Personal Property Tax due June 30.	Not Applicable 5 Additional Required 00 May Be ed to Fees Intangible No
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Country 2. Zip 2. Country 2. Zip 2. Summe and Address of Current Registered Agent 2. To Corporation owes or has paid the current years 2. Summe and Address of Current Registered Agent 2. To Corporation System 2. Summe and Address of Current Registered Agent 2. To Corporation System 2. Street Address (P.O. Box Number is Not Acceptable) 2. Street Address (P.O. Box Number is Not Acceptable) 2. Street Address (P.O. Box Number is Not Acceptable) 2. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. ADDITIONS:CHANGES TO OFFICERS AND DIRECTORS 4. Street Address (P.O. Box Number is Not Acceptable) 4. Street Address (P.O. Box Number is Not Acceptable) 4. Street Address (P.O. Box Number is Not Acceptable) 4. Street Address (P.O. Box Number is Not Acceptable) 4. Street Address (P.O. Box Number is Not Acceptable) 4. Street Address (P.O. Box Number is Not Acceptable) 4. Street Address (P.O. Box Number is Not Acceptable) 4. Street Address (P.O. Box Number is Not Acceptable) 4. Street Address (P.O. Box Num	Not Applicable 5 Additional Required 00 May Be ed to Fees Intangible No
Suite. Apt. #, etc. Suite. Apt. #, etc. #, e	Not Applicable 5 Additional Required 00 May Be ed to Fees Intangible No
Suite. Apt. #, etc. Suite. Apt. #, etc.	5 Additional Required 00 May Be ed to Fees Intangible No
27 City & State Country Zip Country R. This corporation owes or has paid the current year Personal Property Tax due June 30. Yes	Required 00 May Be ed to Fees Intangible No
Cry & State Cry & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Registered Agent Registered Registered	DO May Be ed to Fees Intangible No
Zip Country Zip Country Sip Country Sip Country Sip Country State and Address of Current Registered Agent Street Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 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 it 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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, yped or printed name of registered agent and title 4 applicable (NDTE Registered Agent tigedrum required when remarkating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE DELETE 12 NAME	ed to Fees Intangible No
25	Intangible No
9. Name and Address of Current Registered Agent C T Corporation System 1200 South Pine Island Road Plantation, FL 33324 84 City FL 85 3 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 it 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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, Special Registered Agent and life # applicable (NOTE Registered Agent applicable requires when renstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. Cather Address of New Registered Agent Name 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. City 15. Cather Address of New Registered Agent Name 84. City FL 85. Cit	
C T Corporation System 1200 South Pine Island Road Plantation, FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 2 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 it 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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, Special Registered agent and title 4 applicable (NOTE Registered Agent signature required when remarking) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DELETE 11 TITLE 12 NAME	îp Code
C T Corporation System 1200 South Pine Island Road Plantation, FL 33324 84 City FL 85 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 it 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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, Speed or printed name of registered agent and life of applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE DELETE 11. TITLE Chan Chan See attached. Schedule.	lip Code
1200 South Pine Island Road Plantation, FL 33324 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 it 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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Change	ip Code
Plantation, FL 33324 84 City FL 85 of City FL 85	ip 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 it 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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature Special Registered Agent signature required when remstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE Chan See at tached. Schedule.	ip 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 it 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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Oncic Bytan Section 607.0505 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17. TILE Changes at tached Schedule 17. NAME See at tached Schedule 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE Changes the control of the company of	ip 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 it 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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Oncic Bytan Section 607.0505 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17. TILE Changes at tached Schedule 17. NAME See at tached Schedule 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE Changes the control of the company of	
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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, speak or printed name of registered agent and life of applicable (NOTE Registered Agent signature required when remarkating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DELETE 11 TITLE 12 NAME See at tached. Schedule	
TITLE DELETE 11TITLE Chan NAME See attached Schedule	
NAME See attached Schedule	TORS IN 12
See attached Schedule	ge Addition
STREET ADDRESS 1.3 STREET ADDRESS	
CITY-\$1-2P	
TITLE DELETE 21TITLE CHAN	ge L. Addition
HAME 22 NAME 1 0 0 0 7 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	s018 T
************************************	*150.00
ZA CITYST-ZIP	<u> </u>
NAME DELETE 31 TITLE Chan	ge Addition
STREET ADVRESS 33,STREET ADDRESS	
3.4 CITY-ST-ZIP	ge Addition
NAME 42 NAME	Jo Accuson
\$TREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE S.1.TITLE Chan	e Addition
NAME 52 NAME)- La 70010011
STREET ACCRESS 53 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Chan	ge Addition
NAME 62 NAME	,
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 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). Flonda Statutes. I further certify that the indicated on this annual report or supplemental annual report or su	$\sqrt{1}$

SIGNATURE:

PREJIVENT , December 12,