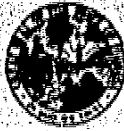


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 10:07

DOCUMENT # **299284**

(0)

1. Corporation Name

POWERHOUSE INC

Principal Place of Business

**7300 MICCOSUKEE RD.
TALLAHASSEE FL 32308
US**

Mailing Address

**7300 MICCOSUKEE RD.
TALLAHASSEE FL 32308
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/01/1965

3a. Date of Last Report

03/11/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

22-1011370

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

7. This corporation has liability for intangible tax under S. 169.032,
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVENPORT, CHRISTOPHER F.
7360 MICCOSUKEE RD.
TALLAHASSEE FL 32308**

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 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 **PD**
NAME **DAVENPORT, CHRISTOPHER**
STREET ADDRESS **7360 MICCOSUKEE RD.**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **ASD**
NAME **DAVENPORT, LOUISE M**
STREET ADDRESS **7360 MICCOSUKEE RD.**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE **CVD**
NAME **METTLER, JOHN W, III**
STREET ADDRESS **950 THIRD AVE.**
CITY-ST-ZIP **NEW YORK, NY 00000**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **ATD**
NAME **METTLER, ELEANOR T**
STREET ADDRESS **7300 MICCOSUKEE RD.**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **VD**
NAME **METTLER, PETER W.**
STREET ADDRESS **140 ROYAL PALM WAY**
CITY-ST-ZIP **PALM BCH FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **STD**
NAME **STARK, WILLIAM E**
STREET ADDRESS **2985 SHAMROCK N., SUITE 9**
CITY-ST-ZIP **TALLAHASSEE, FLORIDA 00000**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. Stark, Treasurer

April 10, 1995

(Date)

904-877-7455

(Telephone Number)