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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **299284**

1. Corporation Name
POWERHOUSE INC

Principal Place of Business	Mailing Address
7300 MICCOSUKEE RD. TALLAHASSEE FL 32308 US	7300 MICCOSUKEE RD. TALLAHASSEE FL 32308 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/01/1965

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 22-1011370 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DAVENPORT, CHRISTOPHER		1.2 NAME	METTLER, ELLEN	
STREET ADDRESS	7360 MICCOSUKEE RD.		1.3 STREET ADDRESS	50 Seacape Drive	
CITY-ST-ZIP	TALLAHASSEE, FL 00000		1.4 CITY-ST-ZIP	Muir Beach, CA 94965	
TITLE	ATD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	DAVENPORT, LOUISE M		2.2 NAME	BARRON, THOMAS A	
STREET ADDRESS	7360 MICCOSUKEE RD.		2.3 STREET ADDRESS	Rt. 3, Box 118	
CITY-ST-ZIP	TALLAHASSEE, FL 00000		2.4 CITY-ST-ZIP	Monticello, FL 32344	
TITLE	CVD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	METTLER, JOHN W, III		3.2 NAME		
STREET ADDRESS	950 THIRD AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 00000		3.4 CITY-ST-ZIP		
TITLE	ASD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	METTLER, CORNELIA D		4.2 NAME		
STREET ADDRESS	215 EAST 72ND ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	METTLER, PETER W.		5.2 NAME		
STREET ADDRESS	140 ROYAL PALM WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH FL		5.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STARK, WILLIAM E		6.2 NAME		
STREET ADDRESS	2965 SHAMROCK N., SUITE 9		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FLORIDA00000		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: WILLIAM E. STARK, Treasurer — 4/1/99 — 850-877-7455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLORIDA USE TAX REQUIRED