**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 525191

1. Corporation Name

METRETEK, INCORPORATED

## **FILED** Jun 29, 1999 8:00 am Secretary of State

06-29-1999 90011 009 \*1,100.00



Principal Place of Business Mailing Address						i ibblikt årkin tinnt errat marn rører	1 1101 01011 84011 01	<b>#</b> 11 <b>#</b> 1 <b>#</b> 11 <b>#</b> 1	WIL WHEN LESS
300 NORTH DRIVE 300 NORTH DRIVE MELBOURNE FL 32934 MELBOURNE FL 32934					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						02/01/1977		T	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For Not Applicable		
21 26						59-1716210	59-17 102 10   Not Apple		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			·			5. Certificate of Status Desired	<b>*</b>	Fee Rec	
City & State City & State						6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	Zip	Country			8. This corporation owes the currer	nt year Intangil	ole	
24 25 29 3						Personal Property Tax.   ☑ Yes □ No			
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered Age	<u>ıt</u>	
			81	Name					
MCKEE, RONALD W. 300 NORTH DRIVE			82	Street	Address	dress (P.O. Box Number is Not Acceptable)			
MELBOURNE FL 32934			83						
			84	City			8:	5 Zip C	ode
							PL		
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.	- wa na	ND DIRECTORS	13.	K OIGHOIGIO		ADDITIONS/CHANGES TO OFFI		RECTO	RS IN 12
TITLE	CD .	DELETE	1.1 TITLE		Τ			Change	☐ Addition
NAME	MARCUM, W. PHILLIP								
STREET ADDRESS	ACTE DOCADIMAN OURT CODE			1.3 STREET ADDRESS					}
CITY-ST-ZIP	DENVER CO	•	1.4 CITY- S	T-ZIP					
TITLE	PD	☐ DELETE	2.1 TITLE					Change	Addition
NAME	MCKEE, RONALD W.		2.2 NAME						
STREET ADDRESS	300 NORTH DR		2.3 STREE	TADORESS					
CITY-ST-ZIP	MELBOURNE FL		2. 4 CITY-5	ST-ZIP		-		-	
TALE	VD	☐ DELETE	3.1 TITLE					Change	Addition
NAME :	GABBARD, A. BRADLEY		3.2 NAME						
STREET ADORESS				TADORESS	:				İ
CiTY-ST-ZIP	DENVER CO		3.4. CITY-5	ST-ZIP					
TITLE	<b>S</b> :	DELETE	4.1 TITLE		5		_	Change	★ Addition
NAME	UHLAR, REBECCAL		4. 2 NAME		Zui	derveen, Gary J s Broadway, Ste 2150			
STREET ADDRESS	300 N DR		4.3 STREE	TADORESS	1675	s Broadway, Ste 2150	>		
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-S	T-ZIP	Den	ver, CO 80202			
TITLE	V	☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME	HARLEY JR., JOSEPH L.		5.2 NAME						
STREET ADDRESS	300 NORTH DR			T ADDRESS					
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-S	T-ZIP					
πι€		☐ DELETE	6.1 TITLE		V	Now to Nove to		Change	Addition
NAME			6.2 NAME		-	Donald, Daniel A.			
STREET ADDRESS			6.3 STREE	T ADDRESS	1	Vorth Dr			
			E CAOTOL C	T 710	100 -11	- El 3702A			II

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR