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CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01969 (7)**
1. Corporation Name
POWER/CONDITIONING, INC.

Principal Place of Business Mailing Address
3012 U.S. 301 N. STE 400 TAMPA FL 33619 **3012 U.S. 301 N. STE 400 TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/16/1980** 3a. Date of Last Report **04/06/1994**

2. Principal Place of Business 21 5810-E BRECKENRIDGE PKWY Suite, Apt. #, etc.	2a. Mailing Address 25 5810-E Breckenridge Pkwy Suite, Apt. #, etc.	4. FEI Number 59-2032378	Applied For <input type="checkbox"/> Not Applicable
22 City & State TAMPA FL	27 City & State Tampa, FL 33610	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip 33610	28 Zip 33610	Country HILLSBOROUGH	Country HILLSBOROUGH

9. Name and Address of Current Registered Agent
**BOISSONEAULT, L.H.
3012 US 301 N #400
TAMPA FL 33619**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5810-E Breckenridge Parkway
83
84 City **Tampa** FL 85 Zip Code **33610**

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 NAME STREET ADDRESS CITY - ST - ZIP	P BOISSONEAULT, L. H. 3012 US 301 N #400 TAMPA FL	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5810-E Breckenridge Pkwy Tampa, FL 33610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BOISSONEAULT, GILL R 3012 US 301 N #400 TAMPA FL	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5810-E Breckenrdige. Pkwy Tampa, FL 33610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V REDMAN, ROGER B 3012 U.S. 301 N. #400 TAMPA FL 33619	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5810-E Breckenridge Pkwy Tampa, FL 33610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Carter, Claude B. 5810-E Breckenridge Pkwy. Tampa, FL 33610	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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: L.H. Boissoneault (813) 622-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)