

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F01969** (7)

1. Corporation Name  
**POWER/CONDITIONING, INC.**



Principal Place of Business

5810-E BRECKENRIDGE PKWY  
 TAMPA FL 33610  
 US

Mailing Address

5810-E BRECKENRIDGE PKWY  
 TAMPA FL 33610  
 US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

g. Name and Address of Current Registered Agent

**BOISSONEAULT, L.H.**  
**5810-E BRECKENRIDGE PKWY**  
**TAMPA FL 33610**

3. Date Incorporated or Qualified <b>10/16/1980</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-2032378</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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: *L.H. Boissoneault*

**L.H. Boissoneault** 4/9/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOISSONEAULT, L. H.</b>	2. NAME	
STREET ADDRESS	<b>5810-E BRECKENRIDGE PKWY</b>	3. STREET ADDRESS	
CITY-STATE-ZIP	<b>TAMPA FL</b>	4. CITY-STATE-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOISSONEAULT, GILL R</b>	6. NAME	
STREET ADDRESS	<b>5810-E BRECKENRIDGE PKWY</b>	7. STREET ADDRESS	
CITY-STATE-ZIP	<b>TAMPA FL</b>	8. CITY-STATE-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDMAN, ROGER B</b>	10. NAME	
STREET ADDRESS	<b>5810-E BRECKENRIDGE PKWY</b>	11. STREET ADDRESS	
CITY-STATE-ZIP	<b>TAMPA FL</b>	12. CITY-STATE-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARTER, CLAUDE B.</b>	14. NAME	
STREET ADDRESS	<b>5810-E BRECKENRIDGE PKWY</b>	15. STREET ADDRESS	
CITY-STATE-ZIP	<b>TAMPA FL</b>	16. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	

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)(g), 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* **L.H. Boissoneault** 4/9/96 (813) 622-7000

CR2E034 (12/95)