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50 MAY -1 14 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **F35581** (0)

1. Corporation Name
AMERICAN ENERGETICS OF ST. PETERSBURG, INC.

Principal Place of Business: **1499 22 ST. NO. ST. PETERSBURG FL 33713**
Mailing Address: **1499 22 ST. NO. ST. PETERSBURG FL 33713**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/20/1981** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2093222** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. Does corporation have liability for unpaid taxes under Florida Statutes: Yes No

2. Principal Place of Business: 21 State Apt. # etc: 22 City & State: 23

2b. Mailing Address: 26 State Apt. # etc: 27 City & State: 28

24 25 29 30

9. Name and Address of Current Registered Agent

**ROUTH, G NICK C/O AMER ENERGIE
1499 22 ST. NO.
ST. PETERSBURG FL 33713**

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 607.01(5)(c) and 607.01(4)(b) 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 Sections 607.01(5)(c) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

12a. TITLE	DVS
12b. NAME	CRAIG, MARSHALL
12c. STREET ADDRESS	706 19TH AVE. N.E.
12d. CITY, STATE	ST. PETERSBURG FL
12e. TITLE	DPT
12f. NAME	ROUTH, G NICK
12g. STREET ADDRESS	1917 IOWA AVE NE
12h. CITY, STATE	ST. PETERSBURG FL
12i. TITLE	
12j. NAME	
12k. STREET ADDRESS	
12l. CITY, STATE	
12m. TITLE	
12n. NAME	
12o. STREET ADDRESS	
12p. CITY, STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

13a. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13b. NAME	
13c. STREET ADDRESS	
13d. CITY, STATE	
13e. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13f. NAME	
13g. STREET ADDRESS	
13h. CITY, STATE	
13i. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13j. NAME	
13k. STREET ADDRESS	
13l. CITY, STATE	
13m. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13n. NAME	
13o. STREET ADDRESS	
13p. CITY, STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 319.02(3)(b) 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 in person. That I am an officer or director of the corporation or the executor of the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13. I did change or omit an affiliation with an address.

SIGNATURE *Marshall Craig*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95 (813) 323-7554