FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 29 PM 4:11

DOCUMENT # F93000002204 (6)

1. Name of Corporation
ENERGY ERECTORS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 491620 LEESBURG FL 34749-1620	P.O. BOX 491620 LEESBURG FL 34749-1620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1993
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 39-1363163 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CS	11 TITLE	☐ Change ☐ Addition
NAME	BRULE, JOYCE S	12 NAME	
STREET ADDRESS	31588 PROGRESS RD	13 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	GOLDSWORTHY, EARL E	22 NAME	
STREET ADDRESS	37021 GRAYS AIRPORT RD	23 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	BEERS, WILLIAM	32 NAME	
STREET ADDRESS	36149 HICKORY ST	33 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	MAYNARD, JOHN R	42 NAME	
STREET ADDRESS	411 E WISCONSIN AVE	43 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We 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)(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 changed, or on an attachment with an address.

SIGNATURE: Earl Goldsworthy EARL GOLDSWORTHY 2-21-95 904-787-3878
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR FIGURE OR DIRECTOR Date (Daytime Phone #)

0377047 CP