Revised or Amended Return

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FILED
Sep 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

**1997**

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

**DOCUMENT # H94186** **(4)**

1. Corporation Name
**ENERGY INVESTMENTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| **1819 S. ATLANTIC AVE.**<br>**DAYTONA BEACH FL 32118** | **1819 S. ATLANTIC AVE.**<br>**DAYTONA BEACH FL 32118-5003** |

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

3. Date Incorporated or Qualified: **1/13/1986** | 3a. Date of Last Report: **09/23/1996**

4. FEI Number: **59-2644964** | ☐ 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. Is corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

**ZILL, DAVID A P.A.**
**3950 S. NOVA RD.**
**PORT ORANGE FL 32127**

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 607.0502 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 _____ DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PSTD | ☒ DELETE | ☐ Change ☐ Addition |
| NAME | HORNBERG, BENGT | | |
| STREET ADDRESS | 1819 S. ATLANTIC AVE. | | |
| CITY-ST-ZIP | DAYTONA BEACH FL | | |
| TITLE | PST D | ☐ DELETE | ☐ Change ☐ Addition |
| NAME | Inge Pettersson | | |
| STREET ADDRESS | 1819 S. Atlantic Ave. | | |
| CITY-ST-ZIP | Daytona Beach, Fl 32118 | | |
| TITLE | | ☐ DELETE | ☐ Change ☐ Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | ☐ Change ☐ Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | ☐ Change ☐ Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | ☐ Change ☐ Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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14. I do 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 added on an attached amendment, or on this report.

**SIGNATURE:** Inge Pettersson **9/05/97** **904-253-8308**