## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # P14108** 

(5)

POWER PRODUCTS, INC. OF GEORGIA Principal Place of Business Mailing Address 4048 1-475 INDUSTRIAL BLVD. P. O. BOX 4845 MACON GA 31210 MACON GA 31208-4845 3. Date Incorporated or Qualified 3a. Date of Last Report 04/20/1987 09/04/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 58-2237114 Not Applicable 21 26 Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 23 Žφ Country Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MCMICHEN, JOHN **6001 BRIDGEWATER CIRCLE** Street Address (P.O. Box Number is Not Acceptable) POINTE VEDRA FL 32082 В3 84 City Zip Code 11. Pursuant to the programs of Sections 67.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. Lam familiar with and accept the appointment as registered agent. Lam familiar with and accept the appointment of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE 1.1 TITLE \_\_ Change Addition TILE RUBBO, WILLIAM B NAME 1.2 NAME 4371 LOCH LOMOND DR 1.3 STREET ADDRESS STREET ADORESS **MACON GA 31206** CHY-SI-ZIP 1.4 CITY - ST- 2IP DELETE Change TC Addition 2.1 TITLE TITLE KENT, RICHARD J NAME 2.2 NAME 3385 RUSCO ROAD 2.3 STREET ADDRESS STREET ADDRESS KENT CITY MI 49330 0'17 - S\* - 2IP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE MILLWOOD, DALE S NAME 3.2 NAME **ROUTE 5 BOX 211** 3.3 STREET ADDRESS STREET ADDRESS **FORSYTH GA** 3.4. CITY-ST-ZIP CITY-ST-ZIE DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$T - ZIP City-St-ZiP DELETE Change ☐ Addition THE 5.1 TITLE NAVE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change \_\_\_ Addition TITLE 6.1 TITLE NAME 62 NAME

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 on an attachment with an address.

**63 STREET ADDRESS** 

64 CITY - ST-ZIP

SIGNATURE:

STREET ADDRESS

City - St - Zi2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 17, 1997

(912) 474-9898 Daytime Phone #

**FILED** 

Feb 04 1997 8:00am

Secretary of State