

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

**FILED**  
**Mar 31 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P14108 (5)**  
 1. Corporation Name  
**POWER PRODUCTS, INC. OF GEORGIA**

Principal Place of Business <b>4048 I-475 INDUSTRIAL BLVD. MACON GA 31210</b>	Mailing Address <b>P. O. BOX 4845 MACON GA 31208 US</b>
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DO NOT WRITE IN THIS SPACE

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	29 30

3. Date Incorporated or Qualified <b>04/20/1987</b>	
4. FEI Number <b>58-2237114</b>	Applied For <input type="checkbox"/> 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**MCMICHEN, JOHN**  
**6001 BRIDGEWATER CIRCLE**  
**POINTE VEDRA FL 32082**

**10. Name and Address of New Registered Agent**

81 Name <b>Roger W. Duffield</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>15658 51st Drive</b>	
83	
84 City <b>Wellborn</b>	85 Zip Code <b>FL 32094</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 607.1505, Florida Statutes.

SIGNATURE *Roger W. Duffield* **March 26, 1998**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>RUBBO, WILLIAM B</b>
STREET ADDRESS	<b>4371 LOCH LOMOND DR</b>
CITY-ST-ZIP	<b>MACON GA 31206</b>
TITLE	<b>TC</b> <input type="checkbox"/> DELETE
NAME	<b>KENT, RICHARD J</b>
STREET ADDRESS	<b>3385 RUSCO ROAD</b>
CITY-ST-ZIP	<b>KENT CITY MI 48330</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>MILLWOOD, DALE S</b>
STREET ADDRESS	<b>ROUTE 5 BOX 211</b>
CITY-ST-ZIP	<b>FORSYTH GA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Dale S. Millwood* **March 26, 1998** **(912) 474-9898**  
Signature, typed or printed name of registered agent and title if applicable

CR2E034 (1097)