

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

FILED
May 08 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 # P96 0000 83992
 1. Corporation Name
ACCESS POWER, INC.

| | |
|---|-----------------|
| Principal Place of Business | Mailing Address |
| 61 SOUTH ROSCOE BLVD PONTE VEDRA BEACH, FL 32082 | |

| | |
|---------------------------------|------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 108 NAUTILUS LANE | 26 P.O. BOX 295 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 PONTE VEDRA BEACH, FL | 28 PONTE VEDRA BEACH, FL |
| 24 32082 25 USA | 29 32004-0295 30 USA |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified OCTOBER 1, 1996 | 3a. Date of Last Report |
| 4. FEI Number 59-3420985 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

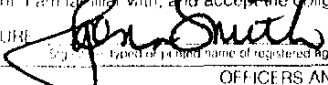
9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name GLENN A. SMITH |
| 82 Street Address (P.O. Box Number is Not Acceptable) 98 SANCHEZ DRIVE EAST |
| 83 |
| 84 City PONTE VEDRA BEACH FL |
| 85 Zip Code 32082 |

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:  **5/1/97**
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D GLENN A. SMITH |
| STREET ADDRESS | 61 SOUTH ROSCOE ROAD |
| CITY-STATE-ZIP | PONTE VEDRA BEACH, FL 32082 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D MICHAEL L. PITTS |
| STREET ADDRESS | 108 NAUTILUS LANE |
| CITY-STATE-ZIP | PONTE VEDRA BEACH, FL 32082 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | P O GLENN A SMITH |
| 1.3 STREET ADDRESS | 98 SANCHEZ DRIVE EAST |
| 1.4 CITY-STATE-ZIP | PONTE VEDRA BEACH, FL 32082 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-STATE-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-STATE-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-STATE-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-STATE-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 300002182173 |
| 6.3 STREET ADDRESS | -05/19/97--01004--015 |
| 6.4 CITY-STATE-ZIP | **165.00 |

5/1/97

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.

SIGNATURE:  **GLENN SMITH** **5/1/97** **9042732980**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:me Phone #

CR2E034 (9/96)