

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90246 003 \*\*\*150.00

DOCUMENT # P98000104993

1. Corporation Name

ENERGY LIBERTY UNLIMITED, INC.



Principal Place of Business

POST OFFICE BOX U  
WHITE SPRINGS FL 32096

Mailing Address

POST OFFICE BOX U  
WHITE SPRINGS FL 32096

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1998

4. FEI Number

59-3544104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

25

29

30

9. Name and Address of Current Registered Agent

HARDER, CHARLES E  
FL ROUTE 136 & U.S. 41  
WHITE SPRINGS FL 32096

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

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	
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	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHARLES E. HARDER	
1.3 STREET ADDRESS	ROUTE 1 BOX 2002 McCLURG LANE	
1.4 CITY-ST-ZIP	WHITE SPRINGS, FL. 32096	
2.1 TITLE	T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIANNE MAYFIELD-HARDER	
2.3 STREET ADDRESS	ROUTE 1 BOX 2002 McCLURG LANE	
2.4 CITY-ST-ZIP	WHITE SPRINGS, FL. 32096	
3.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARK WARNER	
3.3 STREET ADDRESS	P.O. BOX 7312	
3.4 CITY-ST-ZIP	LAKE CITY, FL. 32055	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DOUGLAS O. PERREAULT	
4.3 STREET ADDRESS	13231 PINE CREEK CIR.	
4.4 CITY-ST-ZIP	RIVERVIEW, FL. 33569-7135	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DARLENE A. STENAR	
5.3 STREET ADDRESS	14401 HAWAIIA MOSS CIR. #101	
5.4 CITY-ST-ZIP	TAMPA, FL. 33613-4059	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NOEL JACOBY	
6.3 STREET ADDRESS	3006 OAK HILL ST.	
6.4 CITY-ST-ZIP	LAKE CITY, FL. 32025	

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, with all other like empowered.

SIGNATURE:

*Mark Warner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 904-303-2200

Date

Daytime Phone #

CR2E034 (1/198)

Doc # P98000104993  
538085-90246-3

ITEM 13.

ADDITION

D  
DANIEL DONALDSON  
7841 169TH ROAD  
LIVE OAK, FL. 32060