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Feb 21 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 # 266708 (7)
1. Corporation Name
ORANGE ELECTRIC COMPANY



Principal Place of Business: 7205 N. EDGEWATER DRIVE, P. O. BOX 607775, ORLANDO FL 32810 US
Mailing Address: 7205 N. EDGEWATER DRIVE, P. O. BOX 607775, ORLANDO FL 32860-7775

3. Date Incorporated or Qualified: 01/31/1963
3a. Date of Last Report: 04/18/1996
4. FEI Number: 59-1083506
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent
ORNBERG, JERRY V.
25944 SACKAMAXON DRIVE
SORRENTO, FL
SORRENTO FL 32776

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: *Jerry V. Ornberg* President
DATE: 2-17-97

12. OFFICERS AND DIRECTORS
TITLE: VST, NAME: MULL, DELMER J, ADDRESS: 2802 PONKAN PINES DR, APOPKA, FL 00000
TITLE: PD, NAME: ORNBERG, JERRY V., ADDRESS: 25944 SACKAMAXON, SORRENTO, FL 00000
TITLE: C, NAME: ORNBERG, WALLACE W., ADDRESS: ROUTE THREE, BOX 479, MARION NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP
6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP

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: *Jerry V. Ornberg* President
DATE: 2-17-97 Daytime Phone #: 407-293-1126

CR2E034 (9/96)