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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

•	1997	DIVISION OF CO	RPORATIONS		ry or state
	MENT # 275080 ENERGY SERVICES, INC.	<b>(</b> 0 <b>)</b>		e hoome ende frank blee bank ekke ook	Danie Dedai dente dinte dente dente mant matt
Principal Place of Business		Mailing Address 188 N. GOLDENROD		t ibaiff ildit sandt Atter datet Effett mare t	Britti Britt traft ditti alan tibiti 1901
186 N. GOLDENROD P. O. BOX 570008		P. O. BOX 570008			
ORLANDO FL S	2857-7008	ORLANDO FL 32857-0008 US		3. Date Incorporated or Qualified	3a. Date of Last Report
				10/25/1963	03/08/1996
	race of Business	2a. Mailing Address 26		4. FEI Number 59-1029695	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25 9. Name and Address of Current	29 34	0	Florida Statutes L.  10. Name and Address of New Re	Yes No
CRE	EN, JOHN T. JR.	i negistered Agent	81 Name	IO, Halle and Address VI New No.	States and Addition
4296 TIDEWATER DR			82 Street Add	ress (P.O. Box Number is Not Acceptab	ile)
ORL	ANDO FL 32812		63		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607,1508, Florida Statutes of Florida, Such change was au	, the above-named corpora	poration submits this statement for the pition's board of directors. I hereby accept	urpose of changing its registered
agent. La	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	da Statutes	the second of th	, to appoint the regions of
SIGNATURE	Signature, type-dior printed name of registered age	or and tille if applicable (NOTE 1	Registered Agent signature requi	ired when reinstating)	DATE
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFIC	
MILE NAME	PD Green, John T. Jr	DELETE	1.1 TITLE 1.2 NAME		Change  Addition
STHEET ADDRESS	4298 TIDEWATER DR		1.3 STREET ADDRESS		
CITY+ST-ZIP	ORLANDO FL		1.4 CITY - ST - ZIP		
HILE	VD GREEN, JOHN T.	L.) DELETE	2.1 TITLE		Change L Addition
NAME STREET ADDRESS	2797 VINE ST.		2.2 NAME 2.3 STREET ADDRESS		·
CHY-ST-7IP	ORLANDO, FL 00000		2.4 City-ST-ZIP		·
TITLE	SD CHITTLE CHICAN I	☐ DELETE	3.1 TITLE	4.8	Change Addition
NAME STREET ADDRESS	SMITH, SUSAN L 3019 BIRMINGHAM BLVD.		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZiP	ORLANDO, FL 00000	•	3.4. CITY-ST-ZIP		
III.E	TD	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	Green, Shiriley S 2797 Vine St		4. 2 NAME 4.3 STREET ADDRESS		
City-St ZiP	ORLANDO FL		4.4 CITY-ST-ZIP		
TILE		DELETE	5.1 TITLE		Change Addition
NAME CASE LABORES			5.2 NAME		
STREET ADORESS ONLY \$1-7-P			5.4 CITY - ST - ZIP		
THE	Manager and State and Stat	DELETE	61 TITLE		Change Addition
NAME			6.2 NAME	•	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST-7IP	L		6.4 CITY-ST-ZIP	dis Continue 410 OZOVO Florida Branda	

4. Los hereby certify that the information supplied with this filling 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 gr Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97 407 282 500

**FILED** 

Apr 01 1997 8:00am

Secretary of State