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Feb 03 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 # 441396

(9)

1. Corporation Name
ENERGY ELECTRIC, INC.

Principal Place of Business
8112 NORTH NINTH STREET
P O BOX 8125
TAMPA FL 33604

Mailing Address
8112 NORTH NINTH STREET
P O BOX 8125
TAMPA FL 33604-3112



3. Date Incorporated or Qualified 12/06/1973	3a. Date of Last Report 02/23/1996
4. FEI Number 59-1689769	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 type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent NOWARK, EDWARD L 315 THIRD AVE., N. JACKSONVILLE BEACH FL 32250	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	SANFORD, GLENDA J.	1.2 NAME	
STREET ADDRESS	628 LAUREL AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	EAGLE LAKE FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	
NAME	SANFORD, CHARLES R	2.2 NAME	
STREET ADDRESS	628 LAUREL AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	EAGLE LAKE FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	ARNOLD, LILLIAN	3.2 NAME	
STREET ADDRESS	8311 REGINA PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 00000	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	
NAME	ZOOK, PAUL	4.2 NAME	
STREET ADDRESS	3315 VALENCIA ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	
NAME	HARRISON, DAN	5.2 NAME	
STREET ADDRESS	709 WEST HENRY AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
01-21-97 (813) 932-7146
Date Daytime Phone #

CR2E034 (9/96)