


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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS																																																																									
DOCUMENT # 553296 (5) 1. Corporation Name ELECTRIC POWER ENGINEERING SERVICES, INC.																																																																											
Principal Place of Business NC. 3560 HOLLIDAY AVE APOPKA FL 32703		Mailing Address NC. 3560 HOLLIDAY AVE APOPKA FL 32703-6727																																																																									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country																																																																									
3. Date Incorporated or Qualified 12/08/1977 3a. Date of Last Report 04/04/1996 4. FEI Number 59-1838417 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 checked="" type="checkbox"/> No																																																																											
9. Name and Address of Current Registered Agent OLSEN, ROBERT W., (ATTORNEY) 205 NORTH ROSALIND AVENUE ORLANDO FL 32801																																																																											
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																											
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>REEDY, IRVING</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3560 HOLIDAY AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>APOPKA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>REEDY, ELISABETH L.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3560 HOLIDAY AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>APOPKA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>REEDY, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12228 GREENLEAF</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TRUCKEE CA</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>REEDY, THOMAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>801 BINION RD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>APOPKA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>REEDY, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 1324 N/A</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>AUBURNDAL FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	PD	<input type="checkbox"/> DELETE	NAME	REEDY, IRVING		STREET ADDRESS	3560 HOLIDAY AVENUE		CITY - ST - ZIP	APOPKA FL		TITLE	STD	<input type="checkbox"/> DELETE	NAME	REEDY, ELISABETH L.		STREET ADDRESS	3560 HOLIDAY AVENUE		CITY - ST - ZIP	APOPKA FL		TITLE	VD	<input type="checkbox"/> DELETE	NAME	REEDY, JAMES		STREET ADDRESS	12228 GREENLEAF		CITY - ST - ZIP	TRUCKEE CA		TITLE	VD	<input type="checkbox"/> DELETE	NAME	REEDY, THOMAS		STREET ADDRESS	801 BINION RD.		CITY - ST - ZIP	APOPKA FL		TITLE	VD	<input type="checkbox"/> DELETE	NAME	REEDY, ROBERT		STREET ADDRESS	PO BOX 1324 N/A		CITY - ST - ZIP	AUBURNDAL FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP		
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