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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 585863

(4)

ENERGY SAVERS BY BLUE BLAZE, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5547 RIVER FOREST DRIVE 5547 RIVER FOREST DRIVE JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1978 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 26 59-1843646 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 26 29 30 Personal Property Tax due June 30. ☐ Yes g. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name ALVAREZ, JAMES D. 5547 RIVER FOREST DR. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32211 83 84 City 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 (NO1E: Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Addition 1.1 TITLE Change DEL RIO, ERNEST III NAME 1.2 NAME 5547 RIVER FOREST DR STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Addition NAME ALVAREZ, JAMES D 2.2 NAME 5547 RIVER FOREST DR STREET ADDRESS 23 STREET ADDRESS JACKSONVILLE, FL 00000 CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change __ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE ☐ Change **6.1 TITLE** ☐ Addition NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP

14. Thereby 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 receivor 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.

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