FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:42

DOCUMENT # **587298** **(1)**

1. Corporation Name

ENERGY PERFORMANCE, INC.

Principal Place of Business

P. O. BOX 2090
WINTER HAVEN FL 33883-2144

Mailing Address

P. O. BOX 2090
WINTER HAVEN FL 33883-2144

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	
City & State 23	City & State 28	
Zip 24 Country 25	Zip 29 Country 30	

3. Date Incorporated or Qualified: 09/22/1978
3a. Date of Last Report: 06/09/1994
4. FEI Number: 59-2857875 ☐ Applied For ☐ Not Applicable
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

9. Name and Address of Current Registered Agent

BENNETT, BARRY W.
60 SECOND ST. SE
WINTER HAVEN FL 33882

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 ____________ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

	12. Officers and Directors	13. Additions/Changes
TITLE	PD	1 1 TITLE ☐ Change ☐ Addition
NAME	HELMS, LARRY S	1 2 NAME
STREET ADDRESS	60 SECOND ST., SE	1 3 STREET ADDRESS
CITY-ST-ZIP	WINTER HAVEN FL	1 4 CITY ST ZIP
TITLE	S	2 1 TITLE ☐ Change ☐ Addition
NAME	BENNETT, BARRY W.	2 2 NAME
STREET ADDRESS	60 SECOND ST. SE	2 3 STREET ADDRESS
CITY-ST-ZIP	WINTER HAVEN FL	2 4 CITY ST ZIP
TITLE	D	3 1 TITLE ☐ Change ☐ Addition
NAME	AREY, STEVEN T	3 2 NAME
STREET ADDRESS	870 FOX HOLLOW LN.	3 3 STREET ADDRESS
CITY-ST-ZIP	SALISBURY NC	3 4 CITY ST ZIP
TITLE	D	4 1 TITLE ☐ Change ☐ Addition
NAME	DANIELS, DAVID S.	4 2 NAME
STREET ADDRESS	11628 HARBORSIDE CIR.	4 3 STREET ADDRESS
CITY-ST-ZIP	LARGO FL	4 4 CITY ST ZIP
TITLE	D	5 1 TITLE ☐ Change ☐ Addition
NAME	MCCARTHY, MAURICE	5 2 NAME
STREET ADDRESS	10 LAKE LINK DR., S.E.	5 3 STREET ADDRESS
CITY-ST-ZIP	WINTER HAVEN FL	5 4 CITY ST ZIP
TITLE	TD	6 1 TITLE ☐ Change ☐ Addition
NAME	HAZELWOOD, HARRY W	6 2 NAME
STREET ADDRESS	901 WARD'S LANDING SE	6 3 STREET ADDRESS
CITY-ST-ZIP	WINTER HAVEN FL	6 4 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: B. W. Bennett Barry W. Bennett 1/10/95 813/299-1263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

0440300 FP