# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

APR [illegible] PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739311 (9)

FLORIDA SOLAR ENERGY INDUSTRIES ASSOCIATION, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 707 E. PARK AVE<br>TALLAHASSEE FL 32301 | 707 E PARK AVE<br>TALLAHASSEE FL 32301 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1977
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2022792 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 6208 W. Corporate Oaks Dr. | 26 6208 W. Corporate Oaks Dr. |
| Suite Apt. #, etc. 22 | Suite Apt. #, etc. 27 |
| City & State 23 Crystal River FL | City & State 28 Crystal River FL |
| Zip 24 34429 Country 25 USA | Zip 29 34429 Country 30 USA |

9. Name and Address of Current Registered Agent

ELDER, MARCIA K.
707 E. PARK AVE.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Colleen M. Kettles
82 Street Address (P.O. Box Number is Not Acceptable): 6208 W. Corporate Oaks Drive
83
84 City: Crystal River FL 85 Zip Code: 34429

11. Pursuant to the provisions of Section 607.0502 and 607.1908, 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: Colleen Kettles Colleen Kettles, Secretary 4/20/95
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 31 TITLE | PD | 41 TITLE | ☐ Change ☒ Addition |
| 32 NAME | SCHABES, JR. R | 42 NAME | |
| 33 STREET ADDRESS | 6302 BENJAMIN ROAD, STE. 414 | 43 STREET ADDRESS | |
| 34 CITY ST ZIP | TAMPA FL | 44 CITY ST ZIP | ZIP: 33634 |
| 35 TITLE | FVP | 45 TITLE | ☐ Change ☒ Addition |
| 36 NAME | ZRALLACK, ROBERT | 46 NAME | |
| 37 STREET ADDRESS | 1244 BELL AVE | 47 STREET ADDRESS | |
| 38 CITY ST ZIP | FT. PIERCE FL | 48 CITY ST ZIP | ZIP: 34982 |
| 39 TITLE | SVP | 49 TITLE | ☐ Change ☒ Addition |
| 40 NAME | TERRY, TOM | 50 NAME | |
| 41 STREET ADDRESS | 10475 S.W. 186TH STREET, D & E | 51 STREET ADDRESS | |
| 42 CITY ST ZIP | PERRINE FL | 52 CITY ST ZIP | ZIP: 33157 |
| 43 TITLE | TD | 53 TITLE | ☐ Change ☒ Addition |
| 44 NAME | WESTFALL, NORMAN | 54 NAME | |
| 45 STREET ADDRESS | 6302 BENJAMIN RD., STE. 414 | 55 STREET ADDRESS | |
| 46 CITY ST ZIP | TAMPA FL | 56 CITY ST ZIP | ZIP: 33634 |
| 47 TITLE | SD | 57 TITLE | ☒ Change ☐ Addition |
| 48 NAME | KETTLES, COLLEEN | 58 NAME | |
| 49 STREET ADDRESS | 1564 N. MARLBORO LOOP | 59 STREET ADDRESS | 6208 W. Corporate Oaks Drive |
| 50 CITY ST ZIP | CRYSTAL RIVER FL | 60 CITY ST ZIP | Crystal River FL 34429 |
| 51 TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| 52 NAME | | 62 NAME | |
| 53 STREET ADDRESS | | 63 STREET ADDRESS | |
| 54 CITY ST ZIP | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this report 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 added to the report or on an attachment with an address.

SIGNATURE: Colleen Kettles, Secretary 4/20/95 (904) 795-9095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001078