

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

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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002204

1. Corporation Name
ENERGY ERECTORS, INC.

Principal Place of Business

P.O. BOX 491620
LEESBURG FL 34749-1620

Mailing Address

P.O. BOX 491620
LEESBURG FL 34749-1620



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 31588 PROGRESS ROAD		26 31588 PROGRESS ROAD		04/30/1993	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				39-1363163	
23 City & State		28 City & State		5. Certificate of Status Desired	
LEESBURG FLORIDA		LEESBURG FLORIDA		X \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing	
34748		34748		Trust Fund Contribution	
25 Country		30 Country		7. This corporation owes the current year Intangible	
				Personal Property Tax.	
				8. Yes No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	
TITLE	CS	1.1 TITLE	
NAME	BRULE, JOYCE S	1.2 NAME	
STREET ADDRESS	31588 PROGRESS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	GOLDSWORTHY, EARL E	2.2 NAME	
STREET ADDRESS	5461 BLUE CRAB CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	BEERS, WILLIAM L.	3.2 NAME	
STREET ADDRESS	5329 TWIN PALMS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	VP, T, S
NAME	SCHINDERLE, GERALD	4.2 NAME	SCHINDERLE, GERALD A.
STREET ADDRESS	1766 CRESTVIEW DR	4.3 STREET ADDRESS	1766 CRESTVIEW DRIVE
CITY-ST-ZIP	MOUNT DORA FL 32757	4.4 CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	VP	5.1 TITLE	
NAME	KEATING, THOMS	5.2 NAME	
STREET ADDRESS	418 POINSETTIA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34152	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 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, with all other like empowered.

SIGNATURE: Gerald Schinderle GERALD SCHINDERLE 1-6-99 (352) 787-3878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)