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 PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F93000002204

ENERGY ERECTORS, INC.

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90027 008 ***158.75

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Principal Place of Business		Mailing Address			O UST OB TION TO BE OF THE SECOND	BBITT BYOL SEAL	
P.O. BOX 491620		P.O. BOX 491620					
LEESBURG FL 34749-1620		LEESBURG FL 34749-1620		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
				-	04/30/1993		
2. Principal P	lace of Business D	2a. Mailing Address		D	4. FEI Number	Ap	plied For
21 31588 PROGRESS KOAD		26 31588 PROGRESS KOAD		39-1363163		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	
22		City & State		/ \	Fee Re	·	
City & State		City & State LEESBURG	G FL	ORIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
		Zip 7, 17, 17	Country		8. This corporation owes the current year	r Intangible	
Zip 347	748 ₂₅	29 39/48 3	o		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent	
OT C	CODDODATION EVETEN		81	Name			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD		82 Street Addre		ress (P.O. Box Number is Not Acceptable)			
	NTATION FL 33324		83		· · · · · · · · · · · · · · · · · · ·		
1.54	WINION I E GOOL4						
			84	City		=	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above	-named con	poration submits this statement for the purpos	e of changing its	registered
. #*	aniatarad agant or both in the Ctata a	if Florida, Such channe was aut	horized by f	the corporati	ion's board of directors. I hereby accept the a	opointment as re	gistered
Oπice or re	egistered agent, or both, in the State of	ons of Section 607 0505. Florid	la Statutes.		, , , ,		
agent. I a	egistered agent, or both, in the State of im familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes.				
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid and title if applicable. (NOTE: Re	la Statutes.		ed when reinstating) DATI		
agent. I all SIGNATURE	m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS	la Statutes.			AND DIRECTO	RS IN 12
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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.

arle GERALD SCHINDERLE