SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 28 AM 9:16

DOCUMENT # **F93000003055 (1)**

1. Corporation Name
NORTH AMERICAN POWER SERVICES, INC.

Principal Place of Business	Mailing Address
225 HERITAGE AVENUE PORTSMOUTH NH 03801 US	225 HERITAGE AVENUE PORTSMOUTH NH 03801 US

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified: 07/01/1993
3a. Date of Last Report: 04/20/1994

21. Principal Place of Business: 111 Satellite Ct.
22. Suite, Apt. #, etc.: —
23. City & State: Leesburg, FL
24. Zip: 34748
25. Country: USA

26. Mailing Address: 111 Satellite Ct
27. Suite, Apt. #, etc.: —
28. City & State: Leesburg, FL
29. Zip: 34748
30. Country: USA

4. FEI Number: 04-2965773 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH 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	PST	11 TITLE		☐ Change ☐ Addition
NAME	REDFIELD, RONALD S	12 NAME		
STREET ADDRESS	342 AUTUMN LANE	13 STREET ADDRESS		
CITY-ST-ZIP	CARLISLE MA	14 CITY-ST-ZIP		
TITLE	CD	21 TITLE		☐ Change ☐ Addition
NAME	REDFIELD, RONALD S	22 NAME		
STREET ADDRESS	342 AUTUMN LANE	23 STREET ADDRESS		
CITY-ST-ZIP	CARLISLE MA	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	STAMOS, JAMES P	32 NAME		
STREET ADDRESS	504 MAIN STREET	33 STREET ADDRESS		
CITY-ST-ZIP	WETHERSFIELD CT	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	GRIFFITH, LOUIS	42 NAME		
STREET ADDRESS	PEARL AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	PUTNAM CT 06260	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: R. S. REDFIELD 6/16/95 608 931 8504
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0176031 FN