

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -1 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G19788

(0)

1. Corporation Name

ENERGY EFFICIENCY SYSTEMS, INC.

Principal Place of Business

1916 40TH TERR. S. W.  
NAPLES FL 33999

Mailing Address

1916 40TH TERR. S. W.  
NAPLES FL 33999

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/21/1983

3a. Date of Last Report

04/26/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-2435060

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

MELONEY, R. DAVID  
2200 50TH ST SW  
NAPLES FL 33999

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 (if applicable),

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | DP                     |
| NAME           | MELONEY, R DAVID       |
| STREET ADDRESS | 2200 50TH STREET, S.W. |
| CITY-ST-ZIP    | NAPLES, FL 00000       |
| TITLE          | DVT                    |
| NAME           | MELONEY, RICHARD A     |
| STREET ADDRESS | 180 SEAVIEW CT, #200   |
| CITY-ST-ZIP    | MARCO ISLAND, FL 00000 |
| TITLE          | S                      |
| NAME           | MOBLEY, ROBERT A.      |
| STREET ADDRESS | 158 BIG SPRINGS DRIVE  |
| CITY-ST-ZIP    | NAPLES FL              |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

|                                                       |                                                                              |
|-------------------------------------------------------|------------------------------------------------------------------------------|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME                                              |                                                                              |
| 1.3 STREET ADDRESS                                    |                                                                              |
| 1.4 CITY-ST-ZIP                                       |                                                                              |
| 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              | Delete                                                                       |
| 2.3 STREET ADDRESS                                    |                                                                              |
| 2.4 CITY-ST-ZIP                                       |                                                                              |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME                                              |                                                                              |
| 3.3 STREET ADDRESS                                    |                                                                              |
| 3.4 CITY-ST-ZIP                                       |                                                                              |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME                                              |                                                                              |
| 4.3 STREET ADDRESS                                    |                                                                              |
| 4.4 CITY-ST-ZIP                                       |                                                                              |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME                                              |                                                                              |
| 5.3 STREET ADDRESS                                    |                                                                              |
| 5.4 CITY-ST-ZIP                                       |                                                                              |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME                                              |                                                                              |
| 6.3 STREET ADDRESS                                    |                                                                              |
| 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 promoter 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 affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. DAVID MELONEY 813-455-5884