FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # G71688 EMPIRE STATE ENERGY MANAGEMENT, INC. Principal Place of Business Mailing Address %JACK M. WINEBRENNER %JACK M. WINEBRENNER 3773 CENTRAL AVE., SUITE A282 3773 CENTRAL AVE., SUITE A282 ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 3. Date Incorporated or Qualified 3a. Date of Last Report 11/28/1983 02/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2340356 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 \Box 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WINEBRENNER, JACK M. 82 Street Address (P.O. Box Number is Not Acceptable) 3773 CENTRAL AVE. ST. PETERSBURG FL 33713 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (12/95)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THEF DELETE 1 1 TITLE ☐ Change Addition CARSON, JOSEPH P. NAM: 1.2 NAME CR2E034 10953 TWIN HARBOUR DRIVE STREET ADDRESS 1.3 STREET ADDRESS KNOXVILLE TN CITY - ST - ZIP 1.4 CITY-ST-ZIP TIME DELETE 2 1 TOLE Change Addition MAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY ST ZIP 24 CITY-ST-ZIP THE DELETE 3 1 Title Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 0:1Y-51-7P 3 4 CITY - ST - ZIP THEF DELETE 4 1 TITLE Change ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST ZIE 4.4 CHTY - ST - ZIP DISE DELETE 5 1 TITLE ☐ Change ■ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY SI-ZP 5 4 CITY - ST-ZIP TILE □ DELETE 6 1 THILE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS DITY-SI-7IP 6 4 CITY-ST-ZIP I do hereby certify that the information supplied certify that the information indicated on this and hill is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further or supplemental annual poport is true and accurate and that my signature shall have the same legal effect as if made under the receiver or trustee empowered by execute this report as required by chapter 607, Florida Statutes; and that my name iual re oath; that I am an officer or d appears in Block 12 or Block achment with an ad SIGNATURE: