FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H45454 (6)

1. Corporation Name
ROYAL ELECTRIC COMPANY OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
P O BOX 4266 WINTER PARK FL 32793-1266	P O BOX 4266 WINTER PARK FL 32793-1266

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1985
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21: 645 NEWBURYPORT AVE
22 Suite, Apt. #, etc.: SUITE 1000
23 City & State: ALTAMONTE SPRINGS, FL
24 Zip: 32701
25 Country: U.S.A.

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-2519883 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FERGUSON, BLAKE E.
2015 CHIPPEWA TRAIL
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: BLAKE E FERGUSON
82 Street Address (P.O. Box Number is Not Acceptable): 645 NEWBURYPORT AVE
83:
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32701

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	FERGUSON, BLAKE E.	1.2 NAME	BLAKE E FERGUSON	
STREET ADDRESS	2015 CHIPPEWA TRAIL	1.3 STREET ADDRESS	645 NEWBURYPORT AVE	
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	STD	2.1 TITLE	SECT.	☒ Change ☐ Addition
NAME	FERGUSON, PATRICIA J.	2.2 NAME	PATRICIA J. FERGUSON	
STREET ADDRESS	2015 CHIPPEWA TRAIL	2.3 STREET ADDRESS	645 NEWBURYPORT AVE	
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE		3.1 TITLE	TREAS.	☐ Change ☒ Addition
NAME		3.2 NAME	BLAKE E. FERGUSON JR	
STREET ADDRESS		3.3 STREET ADDRESS	645 NEWBURYPORT AVE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Blake E Ferguson 4/11/94
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

0418701 FP