

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **H45454** (6)  
1. Corporation Name  
**ROYAL ELECTRIC COMPANY OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
**645 NEWBURYPORT AVE  
SUITE 1000  
ALTAMONTE SPRINGS F 32701-740  
US**

Mailing Address  
**P O BOX 150700  
ALTAMONTE SPRINGS FL 32715-0700  
US**

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>02/28/1985</b>   | 3a. Date of Last Report<br><b>02/06/1996</b>           |
| 4. FEI Number<br><b>59-2519883</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                                    |
|--------------------------------|------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address                |
| 21<br>Suite, Apt. #, etc.      | 26<br><b>645 Newburyport Ave</b>   |
| 22<br>City & State             | 27<br><b>Suite 1000</b>            |
| 23<br>Zip                      | 28<br><b>Altamonte Springs, FL</b> |
| 24<br>Country                  | 29<br><b>32701</b>                 |
| 25<br>Country                  | 30<br><b>US</b>                    |

9. Name and Address of Current Registered Agent

**FERGUSON, BLAKE E.  
645 NEWBURY PORT AVE  
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 of person or persons who are registered agent and title is applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FERGUSON, BLAKE E.</b>                | 12 NAME   |   |
| STREET ADDRESS             | <b>645 NEWBURY PORT AVE</b>              | 13 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | <b>ALTAMONTE SPRINGS FL</b>              | 14 CITY - ST - ZIP                                    |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FERGUSON, PATRICIA J.</b>             | 22 NAME   |   |
| STREET ADDRESS             | <b>645 NEWBURY PORT AVE</b>              | 23 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | <b>ALTAMONTE SPRINGS FL</b>              | 24 CITY - ST - ZIP                                    |   |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FERGURSON, BLAKE E JR.</b>            | 32 NAME   |   |
| STREET ADDRESS             | <b>645 NEWBURY PORT AVE</b>              | 33 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | <b>ALTAMONTE SPRINGS FL</b>              | 34 CITY - ST - ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 42 NAME   |   |
| STREET ADDRESS             |  | 43 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |  | 44 CITY - ST - ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 52 NAME   |   |
| STREET ADDRESS             |  | 53 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |  | 54 CITY - ST - ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 62 NAME   |   |
| STREET ADDRESS             |  | 63 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |  | 64 CITY - ST - ZIP                                    |   |

14. I do 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
1-10-97  
407-834-2345

CR2E034 (9/96)