

**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 APR 10 AM 11:29****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA****DOCUMENT # H65926 (8)**

1. Corporation Name

**ESI ENERGY, INC.**

Principal Place of Business

**ATTN: D P COYLE  
1400 CENTREPARK BLVD #600  
WEST PALM BEACH FL 33401**

Mailing Address

**ATTN: D P COYLE  
1400 CENTREPARK BLVD #600  
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**07/11/1985**

3a. Date of Last Report

**03/28/1994**

4. FEI Number

**59-2558254**

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

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City &amp; State

**23**

Zip

Country

**24****25**

2a. Mailing Address

**26****700 UNIVERSE BLVD.****27****ATTN: DENNIS P. COYLE****28****JUNO BEACH FL****29****33408**

Country

**USA****30**

9. Name and Address of Current Registered Agent

**LEON, J E  
9250 W. FLAGLER ST  
MIAMI FL 33174**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <b>D</b>                        |
| NAME            | <b>BROADHEAD, JAMES L</b>       |
| STREET ADDRESS  | <b>700 UNIVERSE BLVD</b>        |
| CITY - ST - ZIP | <b>JUNO BCH FL</b>              |
| TITLE           | <b>DS</b>                       |
| NAME            | <b>COYLE, D P</b>               |
| STREET ADDRESS  | <b>700 UNIVERSE BLVD</b>        |
| CITY - ST - ZIP | <b>JUNO BCH FL</b>              |
| TITLE           | <b>T</b>                        |
| NAME            | <b>SAMIL, D.L.</b>              |
| STREET ADDRESS  | <b>700 UNIVERSE BLVD</b>        |
| CITY - ST - ZIP | <b>JUNO BEACH FL</b>            |
| TITLE           | <b>AS</b>                       |
| NAME            | <b>CARPENTER, F.M.</b>          |
| STREET ADDRESS  | <b>1400 CENTREPARK BLVD 600</b> |
| CITY - ST - ZIP | <b>W.PALM BCH. FL</b>           |
| TITLE           | <b>DP</b>                       |
| NAME            | <b>GELBER, LESLIE J</b>         |
| STREET ADDRESS  | <b>1400 CENTREPARK BLVD 600</b> |
| CITY - ST - ZIP | <b>W. PALM BEACH FL</b>         |
| TITLE           | <b>D</b>                        |
| NAME            | <b>EVANSON, PAUL J</b>          |
| STREET ADDRESS  | <b>700 UNIVERSE BLVD S600</b>   |
| CITY - ST - ZIP | <b>W PALM BCH FL</b>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |                                                                   |
| 13 STREET ADDRESS  |                                                                   |
| 14 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |                                                                   |
| 23 STREET ADDRESS  |                                                                   |
| 24 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |                                                                   |
| 33 STREET ADDRESS  |                                                                   |
| 34 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |                                                                   |
| 43 STREET ADDRESS  |                                                                   |
| 44 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |                                                                   |
| 53 STREET ADDRESS  |                                                                   |
| 54 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |                                                                   |
| 63 STREET ADDRESS  |                                                                   |
| 64 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)(b), 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 member or partner 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 amendment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dennis P. Coyle****March 15, 1995****(407) 694-4644**

1165926

**ESI ENERGY, INC.**

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. |                                                                                |
|----------------------------|--|--------------------------------------------------------|--------------------------------------------------------------------------------|
| TITLE                      |  | 1.1 TITLE                                              | V/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit. |
| NAME                       |  | 1.2 NAME                                               | McGrath, Robert L.                                                             |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                     | 1400 Centrepark Blvd. #600                                                     |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                        | West Palm Beach, FL 33401                                                      |
| TITLE                      |  | 2.1 TITLE                                              | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit.   |
| NAME                       |  | 2.2 NAME                                               | Bonilla, Lori J.                                                               |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                     | 1400 Centrepark Blvd. #600                                                     |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                        | West Palm Beach, FL 33401                                                      |
| TITLE                      |  | 3.1 TITLE                                              | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit.   |
| NAME                       |  | 3.2 NAME                                               | Carpenter, Larry K.                                                            |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                     | 1400 Centrepark Blvd. #600                                                     |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                        | West Palm Beach, FL 33401                                                      |
| TITLE                      |  | 4.1 TITLE                                              | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit.   |
| NAME                       |  | 4.2 NAME                                               | Fries, William A.                                                              |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                     | 1400 Centrepark Blvd. #600                                                     |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                        | West Palm Beach, FL 33401                                                      |
| TITLE                      |  | 5.1 TITLE                                              | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit.   |
| NAME                       |  | 5.2 NAME                                               | Leighton, Michael L.                                                           |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                     | 1400 Centrepark Blvd. #600                                                     |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                        | West Palm Beach, FL 33401                                                      |
| TITLE                      |  | 6.1 TITLE                                              | AC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit.  |
| NAME                       |  | 6.2 NAME                                               | Stamm, Solomon L.                                                              |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                     | 9250 West Flagler Street                                                       |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                        | Miami, FL 33174                                                                |