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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H86354

ENERGY MANAGEMENT & SALES, INCORPORATED

| Principal Place | e of Business | Mailing Address | Mailing Address | | | | | | | |
|--|---------------------------------------|---|--|--------------------------------|-----------------|---|---------------------|---------------|-------------|--------------|
| 6712 CARDINAL | DRIVE. SOUTH | 810 63RD AVENUE NORTH | 810 63RD AVENUE NORTH | | | | | | | |
| ST. PETERSBUR | IG FL 33707 | P.O. BOX 20768 | P.O. BOX 20768 St. Petersburg Fl 33742-0768 | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | | |
| บร | | ST. PETERSBURG FL 33/42-0/ | | | | | | | | |
| | | | | | | 11/20/19 | | | | |
| | | 2a. Mailing Address | | | ··· | 4. FEI Number | | | ·Δr | plied For |
| i | lace of Business | — ⁻ | | | | 59-26052 | | | | t Applicable |
| 21 | 4 | Suite, Apt. #, etc. | Suite Ant # etc | | | 39-20032 | | | \$8.75 | |
| Suite, Apt. | #, etc. | ⊢ | ⊢ | | | 5. Certificate of | f Status Desired | | • | equired |
| ZZ City & State | | | City & State | | | e ' Floritor Co | mosico Einancina | <u>.</u> | ~\$5 00 | May Pa |
| , ' | 9 | ⊢ ' | ⊢ ' | | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| 23 Zip | Country | | Zip Country | | | · · · · · · · · · · · · · · · · · · · | ation owes the curr | ent vear Inta | | |
| · | 25 | 29 30 | ¬ ´ | | | Personal Pr | | on your ma | Yes | MNo |
| 24 | | | <u>'</u> | _ | | | Address of New F | Registered A | .gent | |
| Name and Address of Current Registered Agent | | | | | lame | | <u>-</u> | | | |
| MOU | | | | | | | | | | |
| | 63RD AVENUE NORTH | | 82 | ! Si | treet Addre | ess (P.O. Box Nun | nber is Not Accepta | able) | | |
| S-11 | | | 83 | 83 | | | | | | |
| | PETERSBURG FL 33742 | | 03 | | | | | | | |
| 01.1 | ETEROBORIO TE GOTTE | | 84 | Ç | ity | | | FL | 85 Zip | Code |
| 44 Dureuant | to the provisions of Sections 607 | 0502 and 607.1508, Florida Statutes, | the abov | e-na | med corpo | ration submits this | s statement for the | nurnose of o | hanging its | registered |
| office or r | egistered agent, or both, in the St | usus and 607.1506, Florida Statules, late of Florida. Such change was auth oligations of, Section 607.0505, Florida | ionzed by | tne: | corporation | n's board of direct | ors. I hereby acce | ot the appoin | tment as re | gistered |
| | in familiar with, and accopt the co | mgations of, Coston Corners, Contra | | | | , | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis | | | | | nature required | when reinstating) | | DATE | | |
| 12. | | | 13. | 13. | | ADDITIONS/ | CHANGES TO OF | FICERS AN | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | · | | | ☐ Change | ☐ Addition |
| NAME | Benedict, Robert | 1.2 M | | 1.2 NAME | | ENEDICT | ROBERT I | ı - | | |
| STREET ADDRESS | 6712 CARDINAL DR. S. | | 1.3 STREET | | DRESS | | | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 140 | | 1.4 CITY-S | 1.4 CITY-ST-ZIP | | | - | | | |
| TITLE | STD | D DELETE 2.1 T | | 2.1 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | · · · · · · · · · · · · · · · · · · · | | 2.2 NAME | | 1 | | • | | | |
| STREET ADORESS | | | 2.3 STREE | 2.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | | , | | | | |
| - TITLE | VPD | A | | | | 'PD | | | Change | Addition |
| NAME | BENEDICT, BRIAN H | | 3.2 NAME | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | | | | BENEDICT ROBERT L. JR. 1807 OAKFOREST DR. SO. CLEARWATER FL | | | | |
| | ST PETERSBURG FL | | | 3.4. CITY-ST-ZIP | | | | | | |
| CITY-ST-ZIP TITLE | | | | 4.1 TITLE | | <u> Libriitwiii L</u> | <u> </u> | | Change | Addition |
| | | | | 4.2 NAME | | | | | | _ |
| NAME | | | | 4.3 STREET ADDRESS | | | | | | |
| STREET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | 1 | 4 CITY-ST-ZIP | | | | | Change | Addition |
| TITLE | | | 5.1 TITLE | 5.3 TITLE 5.2 NAME | | | | | | |
| NAME | | | 5.3 STREE | | DRESS | | | | | |
| STREET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | -211 | | 6.1 TITLE | 4 CITY-ST-ZIP | | | | | Change | ☐ Addition |
| TITLE | | ☐ DELETE | | | | | • | | | □ varinou |
| MAME | | | 6.2 NAME | 6.2 NAME 6.3 STREET ADDRESS | | | | | | |
| STREET ADDOCSS | | | ■ 6.3 STREE | -T ADD | DRESS I | | | | | |

6.4 CITY-ST-ZIP

14. I 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

CITY-ST-ZIP

Feb 10 1999 (727) 345-2574

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90129 011 ***150.00