

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 JUL -3 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H86755 (6)**

1. Corporation Name  
**ENERGY SENTINEL, INC.**

Principal Place of Business Mailing Address  
**3510 SANDY HOLLOW RD.  
CENTURY FL 32535** **POST OFFICE BOX 39  
GONZALEZ FL 32560  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/25/1985</b>	3a. Date of Last Report <b>03/01/1994</b>
4. FBI Number <b>59-2604549</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for alternate tax under 1990-1992 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
State Apt # etc <b>22</b>	State Apt # etc <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
24	25
29	30

9. Name and Address of Current Registered Agent

**COON, WILLIAM P.  
3510 SANDY HOLLOW RD.  
CENTURY FL 32535**

10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**FL** **85** Zip Code

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: *William P. Coon* DATE: **06-20-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>COON, WILLIAM P.</b>	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>3510 SANDY HOLLOW RD.</b>	CITY, ST, ZIP <b>CENTURY FL</b>	12 NAME	
		13 STREET ADDRESS	
		14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	21 TITLE	
STREET ADDRESS		22 NAME	
CITY, ST, ZIP		23 STREET ADDRESS	
		24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		32 NAME	
CITY, ST, ZIP		33 STREET ADDRESS	
		34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42 NAME	
CITY, ST, ZIP		43 STREET ADDRESS	
		44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52 NAME	
CITY, ST, ZIP		53 STREET ADDRESS	
		54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62 NAME	
CITY, ST, ZIP		63 STREET ADDRESS	
		64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(a), Florida Statutes. I further certify that the information indicated on this annual report or biennial annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 Book 12 or Book 13, if changed, or on an attachment with an address.

SIGNATURE: *William P. Coon* DATE: **06-20-95**

SIGNATURE AND TYPED OFFICIAL NAME OF REGISTERED OFFICER OR DIRECTOR

CR2E034 (3/95)