


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

FILED

**Jan 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # H86755 (6)
1. Corporation Name
ENERGY SENTINEL, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 3400 Sandy Hollow rd, Suite, Apt. #, etc.
22 City & State: Century, Fl
23 Zip: 32535, Country: USA
24

2a. Mailing Address: 26 PO Box 39, Suite, Apt. #, etc.
27 City & State: Gonzalez Fl
28 Zip: 32560, Country: USA
29 30

3. Date Incorporated or Qualified: 11/25/1985
4. FEI Number: 59-2604549 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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: Coon, William K.
82 Street Address (P.O. Box Number is Not Acceptable): 3400 Sandy Hollow rd.
83
84 City: Century, FL 85 Zip Code: 32535

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 Kevin Coon* Director for *William Kevin Coon* 01-02-98
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COON, WILLIAM K	
STREET ADDRESS	3510 SANDY HOLLOW RD.	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE	Consultant / Director	<input type="checkbox"/> DELETE
NAME	Coon, William P.	
STREET ADDRESS	3510 Sandy Hollow rd	
CITY-ST-ZIP	Century FL 32535	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *William Kevin Coon* Director/Treasurer 01-02-98

CR2E034 (10/97)