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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:56

DOCUMENT # **J36657** **(1)**

1. Corporation Name
PERSONAL POWER, INC.

Principal Place of Business	Mailing Address
C/O ~~NANCY FACIL~~ MARY VOLKERT 7551 CALLE FACIL SARASOTA FL 34238 US	C/O ~~NANCY~~ MARY ALICE VOLKERT 7551 CALLE FACIL SARASOTA FL 34238 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1986	3a. Date of Last Report: 03/29/1994
2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30
4. FEI Number: 59-2738323	☐ 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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VOLKERT, ~~NANCY~~ W. 7551 ~~CALLE~~ FACIL SARASOTA FL 34238 MARY ALICE VOLKERT 7551 CALLE FACIL SARASOTA, FL. 34238	81 Name: MARY ALICE VOLKERT 82 Street Address (P.O. Box Number is Not Acceptable): 7551 CALLE FACIL 83 SARASOTA, FL. 34238 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: X Mary Alice Volkert 3/23/95
(Signature of new registered agent, if changed) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD VOLKERT, ~~NANCY~~ W. MARY ALICE VOLKERT 7551 CALLE FACIL SARASOTA FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☒ Change ☐ Addition PRESIDENT / TREAS. MARY ALICE VOLKERT 7551 CALLE FACIL SARASOTA, FL. 34238
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☒ Change ☐ Addition CHARLES A. VOLKERT III VP. & SEC. 7551 CALLE FACIL SARASOTA, FL. 34238
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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 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 on an attachment with an address.

SIGNATURE: ✓ Mary Alice Volkert 3-14-95 (813) 925-8660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0343330 CP