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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L22576

(7)

1. Corporation Name
CONSUMER ENERGY SAVERS, INC.



Principal Place of Business

12350 SOUTH BELCHER RD #2-B
LARGO FL 34643

Mailing Address

12350 SOUTH BELCHER RD #2-B
LARGO FL 33773-3008

3. Date Incorporated or Qualified 10/12/1989
3a. Date of Last Report 04/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number 59-2984729
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

ENGLANDER & FISCHER, P.A.
5959 CENTRAL AVENUE, STE. 201
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name David L McNett
82 Street Address (P.O. Box Number is Not Acceptable) 11719 Tradewinds Blvd N.
83
84 City Seminole FL 85 Zip Code 33733

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 David L. McNett

4-11-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME MCNETT, BRIAN
STREET ADDRESS 12064 ESCOBAR PLACE #8
CITY-ST-ZIP SEMINOLE FL 34842

TITLE VPS
NAME MCNETT, DAVID L
STREET ADDRESS 11719 TRADEWINDS BLVD
CITY-ST-ZIP SEMINOLE FL 34843

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT
1.2 NAME McNett, David L
1.3 STREET ADDRESS 11719 Tradewinds Blvd North
1.4 CITY-ST-ZIP Seminole, FL 33733

2.1 TITLE VPS
2.2 NAME McNett, Judy L
2.3 STREET ADDRESS 11719 Tradewinds Blvd North
2.4 CITY-ST-ZIP Seminole, FL 33733

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, or on an attachment with an address.

SIGNATURE: David L. McNett

4-11-97 813-536-2274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)