

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

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L85811**
1. Corporation Name
SOLAR ADVANTAGE, INC.

Principal Place of Business Mailing Address
**235 Coastline Road
Sanfor, FL 32771**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 6/26/1990	3a. Date of Last Report 8/27/1997
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3017570	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**Park, William F.
225 North Highway 17-92
Longwood, FL 32750**

10. Name and Address of New Registered Agent

81 Name **Arthur E. West**
82 Street Address (P.O. Box Number is Not Acceptable)
235 Coastline Road
83
84 City **Sanford** **FL** 85 Zip Code **32771**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Park, William F.	1.2 NAME	
STREET ADDRESS	225 N. Highway 17-92	1.3 STREET ADDRESS	
CITY-ST-ZIP	Longwood, FL 32750 ☐ DELETE	1.4 CITY-ST-ZIP	
TITLE	President ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	West, Arthur E.	2.2 NAME	
STREET ADDRESS	235 Coastline Road	2.3 STREET ADDRESS	
CITY-ST-ZIP	Sanford, FL 32771 ☐ DELETE	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(c), 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)