FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M04792** **(1)**

1\. Corporate Name
MEGA POWER, INC.

Principal Place of Business	Mailing Address
4611 107TH CR CLEARWATER FL 34622	4611 107TH CR CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 09/05/1984	3a. Date of Last Report: 03/24/1994
21 330 Scarlet Bld	26 330 Scarlet Blvd	4. FEI Number: 59-2440921	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Oldsmar, Florida	City & State 28 Oldsmar, Florida	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 34677-3018 / County 25 Pinellas	Zip 29 34677-3018 / County 30 Pinellas	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

SCHNITZIUS, MICHAEL T.
4611 107TH CR
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name: No Change
82 Street Address (P.O. Box Number is Not Acceptable): 330 Scarlet Blvd
83 Scarlet Blvd
84 City: Oldsmar FL 85 Zip Code: 34677

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 of Registered Agent) ______ Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CVD	11 TITLE	☒ Change ☐ Addition
NAME	SCHNITZIUS, MICHAEL T.	12 NAME	
STREET ADDRESS	4611 107TH CR	13 STREET ADDRESS	330 Scarlet Blvd
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	Oldsmar, Fl 34677
TITLE	P	21 TITLE	XX Change ☐ Addition
NAME	ESTERLINE, OLEN	22 NAME	
STREET ADDRESS	2915 PINEHURST	23 STREET ADDRESS	3011 Key Harbor Dr
CITY-ST-ZIP	BELLEAIR BLUFFS FL	24 CITY-ST-ZIP	Safety Harbor, Fl 34695
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	WARREN, JEANNE	32 NAME	
STREET ADDRESS	701 POINSETTA RD	33 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Jeanne Warren Secretary — JEANNE WARREN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95 Date

813-855-6664 Daytime Phone #

0358489 CP