2-21-91B-242FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M91911

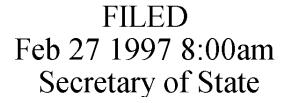
(1)

REGENCY ELECTRIC COMPANY JACKSONVILLE OFFICE, IN C.

Principal Place of Business
6601 SOUTHPOINT DR N SUITE 300
JACKSONVILLE FL 32216

Mailing Address

6601 SOUTHPOINT DR N SUITE 300 JACKSONVILLE FL 32216-8130





					 Date Incorporated or Qualified 07/25/1988 	3a. Date of L 03/04/1	,
2. Principa! Place of Business		2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2899507		Not Applicable
Suite: Apt - 22	27		ite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	()	City & State		1	6. Election Campaign Financing	\$5	.00 May Be
23		28			Trust Fund Contribution		ided to Fees
Z₁p '''''1	Country	Zip	Counti	ry	8. This corporation has liability for i		der s. 199.032,
24	[25]	[29]	30		TTTTTT TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T	Yes No	
	9. Name and Address of Curr	ent Hegisterea Agent		41 84	10. Name and Address of New Re	gistered Agent	·
HANNA, NANCY, L				81 Name			
6601 SOUTHPOINT DR N SUITE 300			8:	2 Street Add	ss (P.O. Box Number is Not Acceptable)		
JAI	CKSONVILLE FL 32216						
			8:	3			
			84	4 City		85	Zip Code
*** **********************************		(00 - 1007 # 00 Fig. 14 Oct		<u> </u>		FL BS	
off on or re	enistered about or both in the Sta	to of Florida, Such change was	equithorized b	w the corners	poration submits this statement for the pation's board of directors. I hereby accept	urpose of chang of the appointme	ing its registered nt as registered
agent far	ni fara har with land accept the obli	igations of, Section 607.0506, F	lorida Statute	es.			or all regions to
SIGNATURE	Bog i durc i type i milipterfed name foll registe ad a		577 K 153 T 17 K				
12.		ND DIRECTORS	13.	gent signature requ	ilred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PEDS AND DIDE	TODO IN 40
TIGLE	P	DELETE	1.1 TOLE		ADDITIONS/CHANGES TO OFFIC	Ch	
NAME	GREEN, ALAN J.	Lad Process	1.2 NAME				ange D yourion
STREET ASTORESS	6601 SOUTHPOINT DR N 3	200		1			
OTY-ST-ZIP	JACKSONVILLE FL	,,,,		ET ADDRESS			
THUE	TS	DELETE	1.4 CITY - 2.1 TITLE			T Ch	ange Addition
NAME	GREEN, NANCY L.	LJ DITCH					ange LI Audition
	6601 SOUTHPOINT DR N 3	000	2.2 NAME				
STREET ADDRESS	VOOT OCCITIES ON TO DIT IN C						
6.30 6 300	JACKSONVILLE EL	100	23 STRFI	·			
CITY-S -ZIP	JACKSONVILLE FL V		2 4 CITY	- ST - 71P		T Oh	1000 Addition
TITLE	V	DELETE	2 4 GITY 31 TITLE	- ST - ZIP		☐ Ch	ange 🔲 Addition
TOTAL	V Gary A. Moore,	DELETE	2 4 CITY 3 1 TITLE 3 2 NAME	-ST-71P		☐ Ch	ange Addition
TITLE NAME STREET ADDRESS	V Gary A. Moore, 6601 Southpoint Dr. N.	DELETE	2 4 CITY 31 TITLE 32 NAME 33 STREE	- ST - ZIP		☐ Ch	ange 🔲 Addition
TITLE NAME STREET ADDRESS CITY: ST. VIP	V Gary A. Moore,	DELETE	2 4 CITY 31 TITLE 32 NAME 33 STREE 34 CITY	- ST - ZIP ET ADDRESS - ST - ZIP			·
TOTLE NAME STREET ADDRESS GHY-ST-ZIP TITLE	V Gary A. Moore, 6601 Southpoint Dr. N.	DELETE	2 4 CITY 31 TITLE 32 NAME 3.3 STREE 34. CITY 4.1 TITLE	-ST-ZIP ET ADDRESS -ST-ZIP		□ ch	·
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	V Gary A. Moore, 6601 Southpoint Dr. N.	DELETE	2 4 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 4.1 TITLE 4 2 NAME	-ST-ZIP ET ADDRESS -ST-ZIP E			·
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4. 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 efficer or direction of the corporation on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if changed or on an attackment with an address.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR