SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P13472** **(6)**

1. Corporation Name
POWER SYSTEMS ENERGY SERVICES, INC.

Principal Place of Business	Mailing Address
317 S. NORTHLAKE BLVD. SUITE 1024 ALTAMONTE SPRINGS FL 32701	317 S. NORTHLAKE BLVD. SUITE 1024 ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/04/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21: SAME
2a. Mailing Address — 26: SAME
4. FEI Number: 06-1111519 ☐ Applied For ☐ Not Applicable

22: Suite, Apt. #, etc.: N/A
27: Suite, Apt. #, etc.: N/A
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

23: City & State: N/A
26: City & State: N/A
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24: Zip
25: Country
29: Zip
30: 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☒ Change ☐ Addition PRESIDENT
NAME	SKIBITSKY, WILLIAM S.	1.2 NAME	William L. Amt
STREET ADDRESS	45 HIGHGATE DRIVE	1.3 STREET ADDRESS	317 S. North Lake Blvd., Ste. 1024
CITY-ST-ZIP	AVON CT	1.4 CITY-ST-ZIP	Altamonte Springs, Florida 32701
TITLE	T	2.1 TITLE	☒ Change ☐ Addition VICE PRESIDENT
NAME	SCOTTO, DAVID C.	2.2 NAME	HARRY CHRISTENSON
STREET ADDRESS	26 TRINITY AVENUE	2.3 STREET ADDRESS	317 S. North Lake Blvd., Ste. 1024
CITY-ST-ZIP	GLASTONBURY CT	2.4 CITY-ST-ZIP	Altamonte Springs, Florida 32701
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	LYON, E. BARRY	3.2 NAME	
STREET ADDRESS	916 STRAWBERRY HILL AVE	3.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	STAMFORD CT	3.4 CITY-ST-ZIP	
TITLE	TC	4.1 TITLE	☒ Change ☐ Addition
NAME	STEINER, GEORGE E.	4.2 NAME	
STREET ADDRESS	345 BUCKLAND HILL DR	4.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	MANCHESTER CT	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	☒ Change ☐ Addition
NAME	JEWELL, RICHARD W	5.2 NAME	
STREET ADDRESS	34 NEARWATER ROAD	5.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	ROWYATON CT	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☒ Change ☐ Addition
NAME	BRETT, JOHN P	6.2 NAME	
STREET ADDRESS	71 QUAIL DRIVE	6.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	ROCY HILL CT	6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: _____ WILLIAM L. AMT 6/28/95 407-834-9992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000044 CP