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FILED

Jan 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P16048

(1)

1. Corporation Name

ENERGY SAVING PRODUCTS, INC.

Principal Place of Business

521 N BLYTHE AVE.  
P.O. BOX 1507  
GALLATIN TN 37066

Mailing Address

521 N BLYTHE AVE.  
P.O. BOX 1507  
GALLATIN TN 37066

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1987

4. FEI Number

22-2792132

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30, ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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 V  
NAME WOODWARD, FREDERICK S.  
STREET ADDRESS 761 HARDEN ST.  
CITY-ST-ZIP GALLATIN TN ☐ DELETE

TITLE V  
NAME J. L. HALE  
STREET ADDRESS 815 HARTSVILLE PIKE  
CITY-ST-ZIP GALLATIN TN ☒ DELETE

TITLE S  
NAME JOYCE ORLANDO  
STREET ADDRESS 1020 SPRINGFIELD AVE., SUITE 106  
CITY-ST-ZIP MOUNTAINSIDE NJ ☐ DELETE

TITLE D  
NAME THOMAS J. AYLWARD  
STREET ADDRESS 1020 SPRINGFIELD AVE, SUITE 106  
CITY-ST-ZIP MOUNTAINSIDE NJ ☐ DELETE

TITLE D  
NAME KELLY, JAMES T.  
STREET ADDRESS 35 GEOFFREY COURT  
CITY-ST-ZIP CHATHAM NJ ☐ DELETE

TITLE V  
NAME DORRIS, NICKY R.  
STREET ADDRESS 330 NEWTON LANE  
CITY-ST-ZIP GALLATIN TN ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 108 Stonehouse Drive

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME V

2.3 STREET ADDRESS Burton D. Nicholson

2.4 CITY-ST-ZIP 2914 Palace Place

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

*Signature of Registered Agent*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97

Date Daytime Phone # 0499083

CR2E034 (10/97)