FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED APR 17 1995

'95 APR 21 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35581 (8)

1. Corporation Name

OPTIMUM ENERGY SOURCES, INC.

Principal Place of Business	Mailing Address
4000 CUMBERLAND PKWY BLDG 1600 ATLANTA GA 30309 US	4000 CUMBERLAND PKWY BLDG 1600 ATLANTA GA 30309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1991
3a. Date of Last Report: 03/31/1994
4. FEI Number: 58-1928718 — 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 30339 Country 25	Zip 29 30339 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KLEIN, DINA 3811 SE 15TH AVE CAPE CORAL FL 33904	81 Name: John Monroe 82 Street Address (P.O. Box Number is Not Acceptable): 816 Indigo Court 83 84 City: Pt. Orange FL 85 Zip Code 32119

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] John Monroe 4-11-95
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	DCP	1.1 TITLE	☒ Change ☐ Addition
NAME	BLACKMAN, C. WINSTON	1.2 NAME	N/A
STREET ADDRESS	630 SADDLE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	1.4 CITY-ST-ZIP	
TITLE	DVC	2.1 TITLE	☒ Change ☐ Addition
NAME	LAYNE, BERNADINE HOOD	2.2 NAME	N/A
STREET ADDRESS	4160 GRAND DEVON	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	DPT	3.1 TITLE	☒ Change ☐ Addition
NAME	LATHAM, DEBORAH L.	3.2 NAME	
STREET ADDRESS	2216 GOODWOOD LANE	3.3 STREET ADDRESS	9025 River Run Rd.
CITY-ST-ZIP	SMYRNA GA	3.4 CITY-ST-ZIP	Atlanta, GA 30350
TITLE	VSD	4.1 TITLE	☒ Change ☐ Addition
NAME	FANNING, LEO	4.2 NAME	
STREET ADDRESS	1488 OAK RIDGE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DECATUR GA	4.4 CITY-ST-ZIP	30033
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	DAVIS, STANLEY E	5.2 NAME	N/A
STREET ADDRESS	38 MISSION HILLS DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CARTERSVILLE GA	5.4 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] Deborah Latham, Pres. 3/22/95 404-333-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #